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THE

ECLECTIC MEDICAL JOURNAL,

CONDUCTED BY

JOSEPH R. BUCHANAN, M. D.,

Professor of Physiology and Institutes of Medicine.

T. V. MORROW. M. D.,

Professor of Theory and Practice of Medicine and Pathology.

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THE

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Part 1.---Original Communications.

PODOPHYLLIN AND MACROTIN.

BY W. M. S. MERRELL, A. M.

Editors of the Eclectic Medical Journal:

GENTLEMEN,—In compliance with your request, I hand you the following brief statement of my experiments upon, and my mode of preparing the active resinous principles of, the Podophyllum, and of the Macrotys Racemosa.

In the latter part of June, 1847, while making some "Hydro-Alcoholic Ext. of Podophyllum," on setting aside the liquid after the Alcohol had been evaporated off, I observed that a resinous substance had precipitated, which, from the analogy of its formation to the "Resin of Jalap," I immediately inferred bore a similar relation to the Podophyllum, that that substance does to the Jalap, and that it would be found to be in a great measure the active principle of the root from which it was obtained.

On referring to the article on Podophyllum in the U. S. Dispensatory, I found recorded the experiments of William Hodgson, Jr., by which a similar substance had been obtained by solution in quick lime and precipitation by Sulphate of Zinc (see P., 557).

I immediately proceeded to test the virtue of the article I had obtained, and was not disappointed in my anticipations.

About two grains of the partially purified resin were taken by a healthy young man then in my employ. For about six hours it produced no sensible disturbance. He then complained of feeling sick, and lay down. Two hours afterwards, on being aroused from sleep, he purged and vomited profusely. It operated freely by purging, once or twice afterwards. The next morning he felt perfectly well, and, on inquiry, stated that it produced no spasm or griping, but operated, in all respects, like "a tremendous big

dose of calomel." A few days afterwards, my own bowels being constipated, I took, at night, a single grain, carefully weighed and made into a pill, with an equal quantity of *sapo castile*, which produced a free evacuation the next morning. After these trials, I ventured to recommend it to the attention of the profession, whose testimony has been uniformly and decidedly in its favor.

For the sake of brevity, and in accordance with the suggestion of the authors of the U. S. Dispensatory, in the article above referred to, we named this new principle *Podophyllin*.

The experiments of Mr. Wm. Hodgson, Jr., were the only ones, so far as I know, that had then been published. His process may do well for scientific analysis, but for practical use is unnecessarily troublesome and wasteful, even if it do not, as the experiments of Mr. Lewis, confirmed by my own, seem to show, wholly destroy the medical virtues of the product.

In the third number of the thirteenth volume of the *American Journal of Pharmacy*, August, 1847, is published the "Observations on *Podophyllum Peltatum*," by John R. Lewis, containing an account of an interesting series of experiments on that article. These experiments were probably made previous to my own, but were not published till a month after I had obtained the *Podophyllin*, and introduced it to the notice of the profession. The results of Mr. Lewis' analysis are in general similar to my own, and in some respects fuller than any I have yet made.

His most eligible mode of obtaining the resinous principle was briefly as follows:

"A quantity of the coarsely powdered root was boiled a few minutes in dilute alcohol, and when cold was displaced. The reddish brown liquor was evaporated to dryness; the dry extract reduced to powder, treated with alcohol of 42 deg. Baume; the solution boiled with purified animal charcoal, filtered, and evaporated. The residue, which had the appearance of a light brown resin, was re-dissolved in alcohol of 42 deg. Baume, and precipitated by water, which operation left a large portion of coloring matter in solution. The precipitate was separated, washed with distilled water, dissolved again in alcohol, and left to evaporate. In this state it had but little color, and was in form analagous to *tannin*."

My process for obtaining the *Podophyllin* is the same in principle as the above; but as I now make it in larger quantities, I use the vapor displacement apparatus patented by Mr. C. A. Smith, for exhausting the roots, and otherwise modify the process as science and experience have suggested. The article cannot be profitably prepared in small quantities by the physician, nor without considerable expense of apparatus.

The resin obtained by Mr. Lewis, as stated above, seems to

have been purer in *appearance* than that which I prepare, but, from some cause, must have been *inferior* in medical power. He says, "Eight grains of the dark brown resin is sufficient for a strong purge; it is a *hydragogue*, operating with griping and producing a nauseating effect. Six grains of the resin, still purer, operated as a drastic cathartic; it also occasioned vomiting and great debility." Now, the *Podophyllin* prepared by me operates freely, and sometimes drastically, in doses of *two* grains, and in *four* grain doses (and sometimes less) acts powerfully as an emeto-cathartic, and in proper doses it does not usually gripe, and the evacuations are not properly of a hydragogue character. The Philadelphia physicians, however, seem to have imperfectly tested the article, and to have made no practical use of their discovery, deeming, it is presumed, the *Sampson calomel*, with its usual adjuncts, sufficient for their purpose. To the physicians of the Eclectic School at Cincinnati will belong the credit, if any there be, of first introducing this valuable medicine into common use, and giving it a high rank in the *materia medica* of the country.

The Podophyllin, when pure, is quite insoluble in cold water, nor is it acted on by dilute nitric acid, or very dilute alkalies. It is not, therefore, an acid like *tannin*, nor an alkaloid, nor a salifiable base, like *quinia*, but a neutral proximate vegetable principle, of a resinous character. It is insoluble in oil of turpentine, but readily soluble in alcohol and ether. In all respects, its chemical characteristics are similar to those of the Resin of Jalap, and like it, on account of its insolubility in aqueous fluids, it is very important in administering it, that it be finely powdered, or thoroughly triturated with sugar, syrup, or some soluble extract, so that its particles may be readily and intimately diffused in the stomach, otherwise there is danger of its producing irritation and pain, in consequence of its local or chemical action on the *primæ viæ*.

[As to the dose of the Podophyllin, my experience thus far would incline me to the adoption of ONE GRAIN as the average cathartic dose. This dose may in some cases be very slow in showing its effects, but, on the other hand, a half grain dose may in some cases be quite sufficient, as I have known such a dose to produce a *vigorous* emeto-cathartic effect upon an adult. We should carefully proportion our dose to the susceptibilities and condition of the patient: the cathartic dose may, therefore, vary from half a grain to two or three grains, but will seldom exceed these limits.—B.]

REMARKS

ON THE PRACTICAL APPLICATION OF THE PODOPHYLLIN AND
MACROTIN.

BY T. V. MORROW, M. D.

PERHAPS no medicine has been introduced to the notice of the medical profession, for the last one hundred years, which promises to be of so much value as the Podophyllin. An experience somewhat extensive in the use of this agent in the treatment of a great variety of cases of disease, during the last six months, has fully convinced the writer of its immense value as a remedial agent, more especially as a purgative and alterative. To prepare it properly for use, it should be finely pulverized, and given in doses of from one and a half to three grains, to an adult, mixed in a little simple syrup or sweetened water—say in one-half a tablespoonful or about two teaspoonsful. In doses of this size it will operate with great efficiency, and certainty as a purgative, in from four to eight hours producing several pretty copious and moderately consistent discharges, which are very frequently charged to a considerable extent with bile. In some instances a longer period will elapse before its operation will commence, and in nearly every case it leaves the bowels in a gently lax condition, perhaps for two or three days after its operation is over. It operates with much energy and efficiency, without harshness, seldom producing griping; but it occasionally produces nausea, and, in full doses, may cause vomiting, but in small doses, seldom produces these effects. Some practitioners, who have used the Podophyllin, say it will operate quite satisfactorily as a purgative, in doses of one grain. This is one of the cathartics which, during its operation, seems to exercise a powerfully controlling influence over the condition of the cutaneous tissue, as well as the action of the heart and arteries, producing, in many instances, a moderately copious perspiration, which often continues, to a greater or less extent, during the whole period of its operation. This is more especially true when it causes nausea and vomiting. But when these effects do take place the patients never experience that deathlike and powerfully depressing sickness, which not unfrequently results from the operation of the powdered root of the *Podophyllum Peltatum*, when given in full doses. I have found the Podophyllin quite a popular and convenient purgative, the dose being so remarkably small that no one objects to taking it on account of its unpleasant and inconvenient size.

In the treatment of the various kinds of intermittent, remittent,

and continued forms of fever, I have had frequent opportunities to test its value, during the past summer and fall. With one single dose, of from two to three grains, of this medicine, I have very frequently arrested the progress of a severe attack of bilious remitting fever, requiring nothing further to complete the cure, except some gentle tonic and restorative medicine, and a proper avoidance of the exciting causes.

The same remarks apply with equal truth to the intermitting forms of fever, as well as to some of the continued. In every variety of case, which is characterized by much hepatic torpor and congestion of the portal circle, it has manifested a superior controlling power, appearing to arouse the torpid energies of the liver, and restoring very promptly its lost functions.

But in no class of cases has this medicine manifested a higher degree of value, so far as I have been able to observe its effects, than in those cases marked by strong determination of blood to the brain, producing either congestion or incipient inflammation of that organ. In several cases of this description, in the treatment of which I have witnessed its effects, I was agreeably surprised to find every trace of congestion eradicated by one or two thorough operations of this article. It seemed to exercise a more completely controlling influence over this pathological condition than any medicine I have ever known used for the same purpose. Of course, in these cases it was used in moderately full doses, and its operations continued for a considerable length of time.

In cases of puerperal fever, in their incipient stage, it has manifested itself as a medicine of superior value, arresting them, at once, when administered in full doses, and even as a common purgative dose, after confinement, no medicine has exercised a happier influence. I have availed myself of its use under these circumstances, in numerous instances, with the most beneficial and satisfactory results. In a case of dropsy of the serous cavities, as well as cellular texture of the whole body, the Podophyllin was administered in doses of one-half a grain, in conjunction with a half a teaspoonful of Cremor Tartar, every two hours, until it produced a half a dozen or more copious watery discharges from the bowels, and repeated in two or three days afterwards, till the same effects took place, it soon relieved the patient completely of the dropsical effusion!! From its effects in this case, I should be led to entertain a favorable opinion of its powers in all cases of dropsy.

I have used the Podophyllin in numerous cases of cholera infantum, and other attacks of summer complaint in children, with very satisfactory results. In these cases, however, it was given in very small doses. To a child three years old, it was given in doses of from one-fourth to a half of a grain, once in six or eight hours for thirty-six or forty-eight hours, and it scarcely ever failed to afford decided advantage, more especially in those cases in

which there was frequent hepatic torpor, in connection with a determination of blood to the head.

The results of my experience in the use of this article as a remedial agent, on the whole, are such as to leave no doubt on my mind that it is destined soon to occupy a conspicuous place among the most valuable remedies of the *materia medica*, with a very extended range of application in the treatment of disease.

As an alterative, it has demonstrated its value beyond all doubt, in numerous cases in which it has been used during the past summer and fall, especially in that class of cases in the treatment of which the routine practitioners of the orthodox school regard the mercurial preparations as of indispensable importance. Indeed, it promises to be more than a substitute for the mercurials, in all those cases in which these medicines have proved of any substantial value, without their liability to produce injurious effects on the constitution of patients.

MACROTIN.

“In the early part of the present year, (1848,) I submitted a portion of the root of *Macrotys Racemosa* (*Cimicifuga*, of the U. S. Pharmacopeia) to the same process as that pursued in obtaining the Podophyllin, and readily procured from it a similar resinous principle. This, from analogy, I have named MACROTIN. Several physicians have used it for some months past, and, like the Podophyllin, it bids fair to become an important medicine in those peculiar diseases to which the *Macrotys* is so especially adapted. The mode of its preparation, and all its mechanical and general chemical characteristics, are very nearly the same as those of the Podophyllin.

I have also obtained similar resins from the *Leptandria Virginica*, (*Leptandrin*,) and from the *Iris versicolor*, (*Iridin*,) but the medical virtues of these have not yet been satisfactorily tested.

I propose, as soon as time permits, to subject all the above articles, and many others of our indigenous *materia medica*, to a more careful analysis.

Yours, &c.,

WM. S. MERRELL.”

For several months past I have used the Macrotin very extensively, in the treatment of a numerous class of female diseases, for the successful treatment of which I had for many years previous been in the habit of depending mainly on the *Macrotys Racemosa*, either in the form of infusion, decoction, or tincture. My confidence in the value of the *Macrotys Racemosa*, I am free to confess, has been such as to induce me to use perhaps a larger quantity of this medicine, for the last sixteen years, than any practitioner in the United States, giving it a more extended range of application in the treatment of disease, and relying with more confidence on its ultimate efficiency, than any of my medical

friends. My experience in the use of this article, during the period named, has been mostly confined to cases of leucorrhœa, menorrhagia, prolapsus uteri, threatened miscarriage, dysmenorrhœa, and barrenness, or sterility, in all of which cases I have obtained the most satisfactory results from the *Cimicifuga*, or *Macrotys*; but deeming the *Macrotin* a more convenient form of the medicine for practical use, and believing it to contain the virtues of the article from which it is obtained, I have accordingly used it in similar cases, with results thus far which justify the conclusion that it will be found a satisfactory substitute.

My experience in the use of the *Macrotin* has demonstrated, to my mind, that there is a slight difference in the *modus operandi* of this form of the medicine, when compared with the usual forms in which the *Macrotys Racemosa* has been used. That difference principally consists in the increased liability of the latter to produce a heavy, dull, and aching sensation in the forehead, in connection with a feeling of dizziness, while the former appears to manifest a greater tendency to produce aching and somewhat painful sensations in the joints, and limbs generally. I have usually given the *Macrotin* in the form of pills, prepared by adding a small quantity of pulverized Castile soap, enough to make the mass properly adhesive, and forming it into pills of the ordinary size, and giving one every three hours during the day, in all the various cases above mentioned, whenever they have come under my care, since I commenced its use. In nearly all these cases it has proved singularly beneficial, thus affording the gratifying evidence that it will soon become one of the most popular and valuable articles of the *materia medica*.

OPHTHALMIA.

BY B. L. HILL, M. D.

It will be recollected by the readers of "The Eclectic Journal," that in the — number, volume seventh, I published an article on Inflammation of the Eyes, giving my views as to the common mode of treatment, as well as the treatment that had been most successful under my observation and prescriptions. I now propose to notice briefly a few cases illustrating the importance and success of the course then recommended.

A youth, aged about seventeen, was attacked with severe inflammation of one eye, early last spring, which continued to increase in violence, accompanied with severe pain in the head. After trying the usual domestic remedies, he was sent to a celebrated

eye doctor, a regular practitioner of the old school, who commenced the treatment by the usual applications—acetate of lead, opium, nitrate of silver, and, finally, sulphate of copper, making applications several times a day. The symptoms continued to increase in violence, notwithstanding these potent remedies had been most faithfully applied, by the advice and counsel of several men of science and reputation of the Allopathic school. After pursuing the above course for some time, it was found necessary to puncture the *cornea*, to let off the aqueous humor, which had accumulated to such an amount as to protrude the cornea several lines from its natural position, and cause insupportable pain to the patient. The patient informed me that the operation was performed every day, except two, for nine weeks. The case was finally abandoned as hopeless, being worse than when the treatment was commenced.

In this state of the patient I was called, with another Eclectic practitioner, to prescribe for the case. We found him laboring under severe pain in the affected eye, extending into his brain, producing strong symptoms of cerebral inflammation. The eye was in a state of high inflammation, with a red, bloody, nebulous appearance, and very much swollen, with the other eye in a very weak and irritable condition, unable to bear the light. The surface of the patient, especially about the neck and the affected side of the head, was covered with erysipelatous eruptions, which we were informed had existed for more than twelve months previous to the eye's becoming inflamed. The skin was dry and husky, not having perspired sensibly for several months; appetite poor, digestion feeble, and the nervous system greatly prostrated.

The treatment pursued was as follows: Irritating plasters were applied to the back of the neck, on the arms just above the elbows, and on the calves of the legs; these were dressed daily, in the usual manner, and continued to discharge freely for four or five weeks. An active hydragogue cathartic, composed of equal parts of "anti-bilious physic" and Cream of Tartar, was given and repeated once in eight or ten days. An alterative powder, composed of sulphur, Cream of Tartar, Podophyllin, and Iris vesicolor, equal parts, was given in doses of five or six grains daily, just sufficient to keep the bowels regular. His whole surface was bathed daily in warm alkali, and followed each time with a wash of the saturated tincture of the root of the *phytolacca decandria* (Poke). The object of using the above tincture was to remove the eruptions which existed over his surface, as above described, which soon disappeared. To the eyes was applied a wash of tincture of capicum one part, and pure water five parts, gradually increasing in strength, so that in eight or ten days the pure tincture was applied into the eyes, three or four times a day or oftener, affording such pleasant sensations to the patient as induced him to make the

application quite often. Under this treatment, all disagreeable symptoms rapidly subsided, and the patient was in a few weeks restored to perfect health, the symptoms having left his surface, the inflammation subsided from the diseased eye, and, though it had been cut and haggled by over fifty operations, yet, strange as it may appear, the sight, to some extent is restored, and the eye may yet be of much service, while the other eye has recovered its usual strength, most perfectly. What I wish, in this article, to impress upon the mind of the reader and practitioner is, the importance of attending to the surface in diseases of the eyes, as well as the fact of the total failures that will always attend the efforts of practitioners who neglect the proper applications to the skin.

The signal failures so often occurring in the treatment of most forms of chronic disease, are clearly attributable to the very limited and partial view generally taken of the nature and extent of almost all forms of disease manifesting prominent local symptoms. In a large majority of cases of chronic disease of a local character, their continuance and obstinacy depend, to a very great extent, on general constitutional derangement and debility—not unfrequently upon a derangement and torpidity of the skin.

In the case referred to, I am confident, that, had the applications to the surface of his body been neglected, or carried out with less energy, no permanent beneficial results would have followed from all the other treatment.

Another case, illustrating the importance of the above mentioned course of treatment, was a young lady, aged sixteen, of scrofulous diathesis, whose eyes had been for some months in a state of high inflammation, which had gradually subsided, leaving them in a state of extreme tenderness and sensibility to the effects of light, while the whole surface of the cornea wore a cloudy appearance, with a congested condition of all the small vessels of the cornea and conjunctiva, so as to render the patient entirely blind, except that she could barely distinguish objects in a strong light.

The course of treatment, which resulted in the entire recovery of the patient, and restoration of perfect sight, was about the same as described in the former case. The irritating plaster was applied to the nape of the neck, the surface bathed in ley every day, the bowels gently moved with an active hydragogue cathartic once a week, and the tincture of capsicum, as above directed, applied to the eyes.

I might mention a score of similar cases, all of which have been relieved by substantially the same course of treatment, while I have not known of a single failure where it was adopted. But, on the other hand, under the common course of Allopathic practice, every one knows that scores of cases remain weak and diseased for months and years, and many become irrecoverably blind.

COLLIQUATIVE PERSPIRATION.

BY WM. T. PARKER, M. D.

THIS affection rarely or never occurs as a primary disorder, but generally depends for its existence on some other predisposing cause. It may with propriety be considered a certain symptom of exhaustion and debility.

Night sweats differ in no essential feature from profuse or exhausting perspiration at other periods. Most patients who sweat at night, if they fall asleep during the day, are soon bathed in the same flood of perspiration which exhausts them by night. Strong mental emotion, of a depressing character, will produce the same symptoms, as fear, despair, shame, &c.

I lately saw a lady who was quite low with a bilious intermittent, break out into a profuse perspiration during the rise of the fever, from the excitement and embarrassment of discharging her physician. So sudden was the change, that, from a state of high feverish excitement, she passed in two or three minutes into the sweating stage, with a cool skin and soft pulse, cutting short the hot stage some hours.

This affection almost invariably accompanies hectic fever. Armstrong, however, mentions two cases of hectic that were not accompanied by night sweats. On the other hand, the latter affection very often exists without any perceptible degree of fever.

Night sweats constitute a prominent symptom in the advanced stages of phthisis pulmonalis, and contribute much to reduce still lower the small stock of vitality; so that it becomes a desirable object to arrest them as speedily as possible, if we wish to prolong the life of the patient. They often occur after the termination of a course of fever of any kind, but particularly synochus or typhus. They may be caused by menorrhagia, leucorrhœa, bleeding hemorrhoids, chronic diarrhœa and dysentery, and all other excessive or morbid evacuations. Old ulcers, carious bones, and chronic diseases generally, may give rise to them.

CAUSES.

The proximate cause of this difficulty is probably always debility. Perhaps it results from former over-action. The cutaneous exhalents having been kept for a long time in a state of excitement, from some irritation of the system, the reaction, from a well known law of vitality, produces an undue relaxation of these emunctories, bringing about a condition exactly the reverse of fever, but equally morbid.

If this hypothesis be true, the process is similar to the effusion of water in the serous cavities.

Dropsy is now generally regarded as a sequel of inflammation, or a state bordering on inflammation, seated on the membrane which secretes the fluid. The doctrine of the pyrexial nature of dropsy has, since the days of Dr. Rush, become almost universal; but whether the idea that colliquative sweats result from a similar state of the perspiratory surface will stand the test of scientific investigation, is yet to be determined.

The remote causes of this affection are numerous. Any disease, whether acute or chronic, which diminishes the strength and impedes the natural functions, may induce that irritation and consequent debility which are followed by colliquative perspiration.

TREATMENT.

Considering the case as eminently one of debility, reason would dictate that it should be met by tonics and stimulants. These, with astringents, are generally prescribed, and constitute the whole course of treatment recommended, so far as I now recollect, in books. Acetate of lead, with opium, is strongly advised by some authors, and is in common use in Germany. Elixir of vitriol, nitric, sulphuric, and hydrochloric acids, sulphuric ether, sulphate of iron, tinctura ferri muriatis, and cinchona, are all in their turn favorite remedies with some. I have found, among the articles mentioned, the tinct. ferri muriat. and cinchona most valuable.

But the exhibition of diaphoretics has, in my experience, been crowned with more certain success than any other class of means. A small quantity of infusion of Eupatorium Aromaticum, or of the bark of the Sycamore or Button-Wood, (*Platanus Occidentalis*,) taken in the evening for a few consecutive days, will generally suffice to arrest the difficulty.

The most effectual remedy, however, that I have ever tried, is the crawley (*Pterospora Andromeda*). I generally prescribe an infusion of two drachms of the bruised root in five ounces of boiling water, to be taken an hour or two before retiring to sleep. This, repeated two or three times, I have never known to fail of arresting the complaint. If, however, the irritation on which it depends continue, as softening of tubercles, &c., a return of the sweating may be expected. It must be again met by the same or similar means. If large quantities of this article are administered, the effect does not appear to be so salutary as something near the amount mentioned. Tonics should be administered where there is no condition contra-indicating their exhibition; also, astringent baths.

This method of treating night sweats I have obtained from my partner, Dr. J. Beeman, who learned it from his father. Dr. Beeman, Sen., was a root and Indian doctor more than forty years ago, in New York and Massachusetts. I believe it is a practice very little known; and as I consider it a valuable acquisition to

the reformed practice, I have embraced this opportunity of laying it before the public.

The fact that profuse perspiration is cured by diaphoretics, is rather difficult to reconcile with the common doctrines of Allopathy. It rather favors the theory of Hahnemann. "*Similia similibus curantur.*"

BIRMINGHAM, O., MAY 17, 1848.

CASE OF NEURALGIA FACIEI.

BY C. J. CHILDS, M. D.

IN the spring of 1847, whilst practising in St. Louis, Mo., I was consulted by Mrs. A., a married lady about forty-five years of age. This lady had been suffering from severe attacks of Neuralgia, at different intervals, for nearly five years, the pain, affecting principally one side of the head, jaw, and face, being so severe at times as almost to cause the loss of sight on that side.

I learned, upon inquiry, that about five years before, Mrs. A., upon recovering from a spell of sickness, took cold, which brought on an attack of intermittent fever, for which her physician gave considerable quantities of preparations of arsenic, which she supposed was the cause of this disease. After having a number of the most celebrated physicians in the city prescribe for her, and losing all the teeth of that side of the jaw, and suffering every painful operation that their imaginations could invent, she was soothed by the kind advice "to wait five years longer, and possibly the pain might leave her; but in case it did not, she must make up her mind to bear with it patiently, for there was no cure for it." She told me that, during the entire time she had been suffering under this complaint, the only means she had ever found to give any temporary relief whatever, was slight salivation, or "touching of the gums." Hence, for nearly five years, she had been partially, and during considerable of that time deeply, under the influence of mercury.

She was threatened with an attack at the time I saw her, and she begged, if it was possible for me to stop it by any means whatever, they might at once be applied. I found, upon examination, her general health very much disordered, the stomach very foul, digestion imperfect, food often thrown up, distressing sensation of weight in the epigastric region, liver swollen, very tender, and torpid, bowels never acting without medicine, urine high colored, burning, and scanty, skin dry, harsh, and hard to make perspire; face covered with large brown splotches; eyes very weak,

with great tenderness on the inner side of the mastoid process of the temporal bone, over the origin of the fifth pair of nerves; also, tenderness nearly the entire length of the spine.

TREATMENT.

To relieve the urgent symptoms of pain, a small dose of opium, combined with capsicum, and also the extract of hyosciamus, in solution, (five grains of the extract to one ounce of warm water,) given in teaspoonful doses every hour until a cessation of the pain, then stop, and repeat whenever indicated. The base of the head was shaved, and the common irritating plaster extended from back of the ear some distance down the spine. An emetic of lobelia seed and ipicac four ounces, sanguinaria and ictodes two ounces, capsicum one ounce; of this fifteen grains were taken every half hour, until free vomiting was produced, which was followed in the course of four hours by a cathartic composed of A. B. physic, Cream of Tartar, and Podophyllin, equal parts, in teaspoonful doses. The emetic and cathartic were directed to be repeated every fourth day, the hepatic powder, in ten grain doses, four times per day, and the tincture of stramonium, in twenty drop doses, five or six times each day, except those days upon which the emetic and physic were ordered. After persevering in the above course, (occasionally removing the irritating plasters, and dressing the sores with black salve for a few days, and repeating the plaster,) for about two months, we had the satisfaction of seeing our patient so far recovered as only to need the use of our common restorative bitters and alterative syrups, to restore her again to the enjoyment of good health. I had the pleasure of meeting her about a year after our last prescriptions, in health, and learning that the disease had never troubled her a moment during that time. I would remark, that I have had one or two other opportunities of testing the course followed in this case, with the same satisfactory result; hence, I have come to the conclusion, that if persevered in, for a definite time, it will in nearly every case prove successful.

ANASARCA.

BY WM. W. BOWER, M. D.

On the 22d of April, 1847, I was called to see Mr. A., upwards of seventy years of age, who had previously been troubled with a swelling of his feet, ankles, &c. A short time before I was called on, the swelling extended itself to the thighs and body, when application was made to Dr. N——, in our place, (of the "Old

School,") who remarked, that it was not worth while to see him ; that there could be nothing done for him (?)—and directed him to keep his feet and legs elevated, and drink some — tea. This, of course, was very poor encouragement, to come from one of their "standard doctors," and from one whom "practice should have made perfect;" but notwithstanding this *prognosis* and *prescription*, the consequent discouragement of the family and friends, and after the disease had progressed to almost a fatal crisis, I was called to test the Eclectic Reformed Practice.

I found that the swelling had extended itself over the whole body ; there was shortness of breathing, with frequently threatened suffocation, so that his body had to be kept in an elevated position ; on his legs and thighs were numerous blisters, filled with a yellowish transparent serum, some of which had burst, &c.; but the most distressing symptom was a large *hydrocelic tumor*, about the size of a small head, which caused a great deal of intense pain. These symptoms were accompanied with a sallow countenance, costiveness, &c., &c. In this condition I commenced my treatment, by giving him a hydragogue cathartic, (vide formula, p. 182, Reform.,) which was then followed by the following hydragogue powder :

R. Menth. Virid. and Rad. Scillæ Marit. aa 3ij (2 drachms.)
Sup. Tart. Pot. iij (4 do.)

M. Given in 3ss. ($\frac{1}{2}$ drachm) doses, every 3 hours, taking between each dose 3ss. ($\frac{1}{2}$ drachm) doses of Anti-bilious Powder and Sup. Tart. Pot. aa, in order to keep up the action of the bowels. Also, morning and evening, 1 C. P. (teaspoonful) of Dr. Beach's Diuretic Drops, which was taken in spearmint tea. His diet was mild and nutritious, and drink, as little as possible.

In about three days this treatment produced copious watery discharges, both from the bowels and kidneys, as well as afforded general relief, and was continued until the swelling subsided, and he was able to walk about, which took place about ten days after the commencement of my treatment.

His general health has been very good ever since, until about the 20th of last March, when (on exposure) the swelling again commenced to return ; he immediately sent to me, requesting me to send him some medicine. Accordingly, I sent him two hyd. cathartics, to be taken three days apart ; during the interval, and afterwards, he took 3ss. [$\frac{1}{2}$ drachm] of the hyd. powd. three times a day, which immediately removed the swelling and other symptoms, and he again enjoys good health.

N. B. I should have stated that Mr. A. was so far reduced before commenced treating him, that his friends had lost all hope of his recovery, and did not believe that any thing but a miracle could have saved his life. His condition was such as several times to induce his family to call in the neighbors to see him die. But,

notwithstanding the *prognosis* of Dr. N——, and to the utter astonishment of all around, Mr. A. was again restored to health, and now stands as a living monument in favor of MEDICAL REFORM. "Truth is mighty, and will prevail."

LEWISBERRY, YORK COUNTY, PA., MAY 29, 1848.

PHTHISIS PULMONALIS.

BY J. KING, M. D.

IN a letter written by Prof. Tully, of New Haven, June 4, 1840, in speaking of Phthisis Pulmonalis, he makes the following observations :

"I always take care to avoid all reducing and exhausting measures of whatever character. I never yet had a case in which there was a particle of phlogistic diathesis; nor did I ever witness the most trifling benefit from mere reduction in any case whatever, beyond the transient and fugitive, and, in fact, useless, lull of uneasy sensations and symptoms, which so positive a process as depletion of blood, or free catharsis with the antiphlogistic salts, almost always produces in all cases of disease whatever. All reduction lessens the probability of recovery, precisely in proportion to its degree. I never take any measures to produce increased excretion from the lungs. Recovery can never take place so long as a preternatural excretion from the lungs exists: its existence is an exhausting drain; and generally it keeps up cough, which reacts upon the excretion, and increases it. All the observations that I have ever had opportunity to make, have invariably contributed to prove that *antimony* is one of the worst agents that can possibly be employed in this disease. Its operation is the more unfavorable, because it is slow, gradual, and insidious, and therefore liable to be overlooked, or referred to the natural progress of the disease. I mention the ill effects of these processes and agents, because it is necessary to avoid them, in order to obtain the full benefit of agents of a different character. I have never witnessed any thing but mischievous effects from setons, issues, permanent epispastics, or even single large blisters. * * * Tartar emetic ointments and plasters, under my observation, have always failed of rendering any service, and have invariably done more or less injury."

All the views and sentiments of talented individuals, and from those in high standing, upon which secrecy is not enjoined, whether issued in public or private, in which are embodied any useful knowledge that may be of the least service to mankind, and which,

at the same time, do not contain in them any thing in the least degree injurious to their authors or originators, are, or ought to be, public property; and no truly good man would ever consider it a breach of confidence to make known any such views. No apology is therefore required for presenting the above extract to the public; for Prof. Tully is a truly good man.

SPECIFICS.

BY DR. H. T. N. BENEDICT.

It has long been a matter of contest among physiologists whether there are *specifics* in medicine. In this contest I am led, by my own experience, most decidedly to take the affirmative, for the following reasons, to-wit:

1. Mercurial action upon the human system always seizes upon the villous coats of the duodenum, producing an inflammation more or less severe, according to the extent of its continuance, and from this, by continuous sympathy, extending its action along the biliary duct, it causes unwonted secretions in the liver, &c.

2. Aloetic purgatives, on the other hand, pass through the intestinal canal very quietly, turning not to the right nor the left, till they reach the *colon* and *rectum*. Hence, as with a death grasp, they seize upon their prey, nor do they, in general, let go their hold, till piles, fistula in ano, and their concomitant evils, sore eyes, dimness of vision, &c., are fastened upon their victim.

3. The *Aletras alba* [rather, as I suppose, *farinosa*] acts specifically upon the uterine organ, and, in many instances, through the medium of the nervous sympathy, on the muscles of the mouth and lips, producing an effect known only to the close observer.

4. The *leptandria alba* acts upon the umbilic portion of the intestinal canal, removing the peculiar black tarry secretion which is always present in that region, in all diseases of typhoid character, and which has been mistaken by medical faculty for *vitiating bile*, and frequent and repeated doses of mercury have been administered, to the destruction of the poor sufferers.

5. Quinine performs the office of an opiate for the spleen, and cures *ague* in the same manner that opium cures pain, by deadening the sensibility of the diseased organ, and thus exposing the sufferer to a more severe recurrence of the disease on the seventh, fourteenth, or twenty-first days after the suspension. What a cure!

6. *Fraxinus niger* is a specific for the spleen, always tending to produce a healthy action in that organ, and thus will prove a most valuable auxiliary in all *intermittents*.

7. *Sanguinaria Canadensis* acts specifically and powerfully upon the liver, causing it to secrete and throw off an unwonted portion of biliary matter, and will, when carried to excess, disorder the action of the capillary vessels, and cause a falling off of the hair, and a peeling off of the scarf skin or cuticle.

8. The *Prunus Nigrum* acts as a specific tonic upon the liver, producing an action in all respects in accordance with the principles of health, and is one of God's peculiar blessings to the inhabitants of miasmatic regions. And further this deponent saith not at this time.

REPLY OF PROF. BUCHANAN,

OF THE ECLECTIC MEDICAL INSTITUTE, TO THE DENUNCIATIONS
AND MIS-STATEMENTS OF PROF. J. P. HARRISON, OF THE OHIO
MEDICAL COLLEGE.

To the Editor of the Commercial:

SIR—Permit me to ask of you the favor of re-publishing in your columns the late remarkable essay of Prof. Harrison in the *Lancet*. The folly, the malignity and the falsehood of that document, are so apparent upon its face, that I regret that the limited circulation of the *Lancet* has concealed its peculiar beauties from the public eye. I shall take some pains to give it a much wider circulation than its author ever expected. At the same time, as many of your readers are not acquainted with the circumstances of our medical controversies, permit me to offer such commentaries upon the essay as will place them in possession of the facts.

Dr. Harrison labors to produce the impression that all who differ from him in medical faith (excepting the Homœopaths, of whom he speaks in equally disparaging terms) are a set of mere ignorant quacks, "Root Doctors," "Steamers," &c., who constitute *but one class*, and that all members of this class are characterised by professing to use vegetable remedies exclusively, rejecting every mineral substance from the *materia medica*. With the class of men whom he describes I do not profess to be acquainted, and if *any such class exist* in this country, I leave him to settle his collision with them as he can.

But the special object of Dr. Harrison was to injure a rival school, not by stating its principles and attacking them, but by affecting a total ignorance of its doctrines, and identifying eclecticism with the silliest forms of quackery which *his imagination* could depict. He knows that Eclectic practitioners constitute a class well marked in the profession—distinct from regular "Allopaths, Homœopaths, Thomsonians, and Root Doctors;" he knows

that a large number of physicians in America practice upon Eclectic principles—that these principles have been set forth in an address to the people of the United States, by the National Eclectic Medical Convention, held in Cincinnati—that they have been regularly taught in a flourishing Medical College in Cincinnati, and stated in its annual circulars—that these principles are not the principles of those whom he calls “Steamers,” but that the public teachers of the Steam or Thomsonian system are as violent in their opposition to the Eclectic school as they are to the Old school of medicine. In the triangular duel of Steam, Calomel, and Eclectic medicine, [which has no hobby or panacea,] the latter has been fiercely assailed by each of its ultra opponents. Yet Dr. Harrison and his colleagues have labored for years to produce the impression that the Eclectic was essentially the same as the Thomsonian system, in order that all the prejudice and disgust against the latter might be transferred to the former. Their whole course upon this subject has been one systematic and continuous falsehood.

Dr. Harrison represents it as our cardinal doctrine, that no mineral substance should ever be administered to the sick, and then pompously proceeds to show, what every tyro knows, that minerals are a part of our bodies, and are indispensable as food and as medicine. No intelligent medical man ever denied these propositions. The Eclectic Medical Faculty have never in any manner intimated that mineral remedies should never be used. They have always used mineral remedies in their practice, taught their use to students, and sent forth the declaration of their principles in every convenient mode of publication. The assertions of Dr. Harrison upon this subject, then, are *groundless and notorious falsehoods*. An honorable man would hesitate to make a gratuitous attack upon his professional rival, lest he should be suspected of selfish motives—but here we behold a medical professor alarmed at the success of a rival school, becoming so bold and reckless in mendacity as to utter an accusation which every man in the community acquainted with the subject knows to be false.

Not satisfied with this falsehood, he utters another, equally groundless, when he intimates that the Eclectic Faculty have discarded and denounced “*cupping, leeching, and blistering*.” So far from having repudiated such agencies, the Eclectic practitioners have been repeatedly assailed by Thomsonians for the very reason that *they have not discarded them*. No falsehood seems too barefaced for Dr. Harrison, if it will accomplish his object of identifying the Eclectic system with Thomsonism, or will in any way tend to render the school and its graduates odious among medical men. I regret the necessity of using such language, but there is no alternative left. While the slanders of Dr. Harrison and his associates were confined to private circles, or in the halls of the Ohio Medical College, we have scarcely noticed them, except in the

way of merriment; but since they have been placed upon record before the public, in the pages of the *Lancet*, it became imperatively necessary to notice them. I addressed a letter of earnest remonstrance to the editors, Drs. Lawson and Harrison, demanding either a correction and apology on their part, or sufficient space (not exceeding a page) for a contradiction of their mis-statements by myself. Dr. Lawson denied all knowledge of the offensive article, and refused to have any thing to do with the necessary reparation. Dr. Harrison, the author, refused, in the most insulting language, to take any notice of the matter, or hold any intercourse upon the subject. I am therefore compelled to regard his attack, not as an accidental mis-statement, but as a mass of pre-meditated falsehoods, knowingly maintained, to which he dares not admit a refutation which would fasten the falsehood upon his own threshold.

I regret these personalities. Dr. Harrison is, like myself, a Kentuckian. I have known him long as a gentleman of pleasant manners, of literary tastes, of imaginative intellect, and of restless ambition. We have been friends, until his overbearing intolerance produced a suspension of intercourse between us. I have sought in vain an amicable adjustment of professional differences, and now the course of justice must be accomplished.

But these are not merely personal matters. A grand scheme of reform in medical science is the subject of contention—a scheme of reform which professes to discard all professional bigotry—to learn from every source—to extend a fraternal hand to every sincere cultivator of medical science, whatever may be the peculiarities of his opinions, and to gather together the valuable truths of all medical systems, instead of adhering blindly to one, and denouncing all advocates of other doctrines as “knaves, charlatans, empirics,” &c. This liberal system, worthy of the free spirit of the age, has been appropriately styled *Eclectic*, because it selects liberally from all sources, and is bound to no narrow pathway of routine. The Eclectic system, however, is not merely eclectic from the writings of men. It aims at an eclectic or impartial investigation of nature, as well as of books, and accordingly the Eclectic Faculty base their claims chiefly, not upon the revival of any old doctrine, as falsely stated, but upon the important discoveries and improvements which they have introduced in the science and practice of medicine. They profess to teach physiology more thoroughly by presenting a mass of original physiological knowledge not known in other schools; they profess to present more correct views of the *materia medica*, and a system of practice differing in innumerable details from that of all other schools, and which they know is far more successful. If the reader would know the nature and extent of these improvements, to which Dr. Harrison has not made the slightest allusion, let him ask, not interested opponents,

but students of the Eclectic Medical Institute, who have attended the lectures of other colleges previously. Let him inquire what is the nature of our improvements in Physiology, Surgery, *Materia Medica*, Pharmacy, Obstetrics, and the whole practice of medicine, and he will learn that the most extensive and radical changes have been made, but that they consist almost entirely of novel views and discoveries confirmed by experience.

One of the doctrines of the Eclectic system, which is perhaps the foundation of Dr. Harrison's tirade, is, that the indigenous vegetable *materia medica* has been too much neglected for the purpose of using the more convenient mineral preparations of the laboratory, and that several mineral medicines of very objectionable properties, which really ought not to be included in the official list at all, have been made to play a prominent part in perhaps nearly one-half of the ordinary prescriptions. Eclectic practitioners regard the prevalent use of mercury, antimony, and arsenic, as a barbarous and unscientific method of treatment, for which there is neither necessity nor justification. Yet they do not reject these articles as medicines because they are minerals, but because they are inferior in utility to the medicines which they prefer to use. Nor do they condemn any individual who conscientiously uses such articles, if he does not attempt to compel others to follow his example.

Eclectic practitioners regard a number of mineral remedies with greater jealousy than those of vegetable origin; because they have been the means of a greater amount of quackery, and a more extensive destruction of life and health. Their rule upon this subject is to use all mineral or vegetable remedies which they find by experience to be useful, and to reject all, whether mineral or vegetable, which cannot be used without inflicting serious injury upon the constitution of patients. Under this rule we make free use of *iron*, (a medicine which Dr. Harrison says we proscribe,) but we reject the great *Sampson* of the Old school practice, *mercury*, and we consider it, in all its forms, not only dangerous in its tendency, but utterly unnecessary. There are thousands of physicians who would eagerly and gladly dispense with mercurial medicines, if they knew that diseases could be treated more successfully without than with them. It is supposed that without mercury, the liver and other glands cannot be properly impressed and roused to secretion. The Eclectic school of practitioners have demonstrated the fallacy of this idea, for they have discarded mercury, and yet, with other medicines, they make more powerful impressions upon the liver and other organs, with perfect safety. If Dr. Harrison desires a test of this matter, let him take a drachm of his favorite calomel, to administer to a given number of patients, and let an Eclectic physician select from his *materia medica* a drachm of choleagogue medicine, the value of which is unknown

to Dr. H., and let them ascertain by experiment which will produce the greatest amount of healthy biliary action.

In reference to all these improvements we desire and demand investigation. Liberal gentlemen of the medical profession are beginning to discover their value, but our interested opponents of the Ohio Medical College seek by all honorable, or dishonorable means, to stifle investigation, to injure and degrade our reputation, and to implant in the minds of their pupils those virulent prejudices which may prevent them from ever investigating the merits of Eclectic medicine.

The "*endless vituperation*" and "*twaddle*" against Eclectic practitioners, and all others who deviate from the old path, which we generally allow to pass unnoticed, may now receive some attention. The charge of deficient education, ignorance, bad logic, and "tom-foolery" in general, may be met by the assertion that he will not dare to encounter, in fair discussion, a champion of this *illogical* party, and that one, who is, in some respects, fifty years behind the times in physiological and therapeutic knowledge, who is, in fact, ignorant of much important professional knowledge taught in the Eclectic Medical Institute, should not say any thing of the ignorance of others.

As to *vituperation*, it is well known that it is not from the Eclectic Faculty, but from the pen and tongue of Dr. Harrison that it has mainly proceeded. As to the appeals to prejudice of which we are accused, the charge is simply untrue, and, on the other hand, Dr. Harrison never speaks upon the subject without betraying violent prejudices himself, and endeavoring to arouse them in others by abusive language.

As to the "limited range" of our scheme of practice, that is the very charge which we bring against him and his associates, with their calomel, opium, antimony, quinine, and the lancet. Our materia medica and pharmacy are more extensive and efficient, as well as safer. We have no hobby—no medicine of almost universal application. But, above all, the Eclectic practice has attained results in surgery and clinical medicine, which Dr. Harrison could not even profess to be attainable by his system of practice.

The exclusiveness and intolerance of which he speaks, are the very qualities for which we condemn the Old school. So heartily do we detest their bigotry, and their insulting bearing to all who do not agree with them in faith, that we most cautiously avoid the imitation of their bad example. We have resolved, and publicly proclaimed, that we would proscribe every form of exclusiveness and professional bigotry, and we act in accordance with such professions.

The remaining charges of Dr. Harrison, when brought together in a small compass, constitute a striking sketch of a character not very unlike his own. Let us group together his choice epithets,

and it may be left to the public to decide whether the portrait most nearly resembles the Eclectic practitioners or Dr. Harrison himself.

"Their vanity is inordinate, with a correspondent contempt of the intellect of those who do not *symbolize* with them in their peculiarities of thought." (Perhaps by "symbolize" he means *sympathize*.) "They luxuriate and revel in obloquy," and "traduce with endless vilifications," "idle and vamping assumption," "vast conception of their own wisdom, and an utter aversion of any improvement," "vain glory," "forever prating," "vain talk," "endless twaddle."

"Still runs the tongue in raging vein.
E'en to the dregs and squeezings of the brain."

With this faithful miniature of Dr. H., drawn by himself, I would leave him to the admonitions of his own conscience.

To the public at large I would say, that this controversy is due to no lack of courtesy or duty on our part. We have been assailed without provocation from the first, and with peculiar malignity. Every effort was made to prevent the incorporation of our school, to injure and degrade the faculty, and to injure all connected with the institution. We have borne these attacks, perhaps, too patiently heretofore, because we were confident that "truth is omnipotent;" and the success of the Institute has already proved that "public justice is certain."

To the medical profession we would say, that our contest is not with the members of the profession, but with selfish and intolerant leaders. We belong to a scientific profession, and we look upon all its members as brothers. We are ready to impart cordially and willingly our peculiar views and discoveries. We have no single idea or theory which we regard as the foundation of all medical science—we aim simply at the laborious accumulation of knowledge, and the improvement of the profession, by continual investigation; and our distinctive principle, in which, we think, all should agree, is, that medicine should be a restorative and not a destructive art, and that all methods of treatment which injure the vital powers are unnecessary and contrary to the dictates of science.

JOS. R. BUCHANAN.

[The publication of the foregoing letter in a city paper, was accompanied by the essay of Prof. Harrison, to which it alludes. Had we sufficient space, we might give it a place in this Journal; but as important matter has been excluded by our limits, we have no room for that which would be merely amusing.]

RELATIVE SUCCESS OF MEDICAL SCHOOLS IN THE WEST.

[EXTRACT FROM THE INTRODUCTORY LECTURE OF PROF. BUCHANAN
AT THE ECLECTIC MEDICAL INSTITUTE, NOVEMBER 6, 1848.]

GENTLEMEN—The opening of the third winter session of the Eclectic Medical Institute brings together a large number of the liberal and progressive spirits of our country, and enables me to exchange congratulations with many who rejoice with us in the success of this attempt to establish and sustain liberal principles in the medical profession.

It is known to all who hear me, that we are laboring for freedom in our chosen profession, and that we believe we are laboring also to promote the health, the happiness, and the general enlightenment of the human race. We believe that our labors are already beginning to be felt throughout this republic, and that, ere long, they will be felt throughout the world. We are but at the beginning of an important undertaking, and the mightiest revolutions that change the aspect of society, have usually but humble beginnings. The most majestic tree that overshadows the forest, springs from the germ contained in a single seed. And, although our present operations may bear no proportion to the magnitude of the results which we anticipate hereafter, they are perhaps not unworthy to be regarded as the germs of a mighty revolution in medical science and the medical profession.

Our enterprise has been commenced and sustained in the face of a formidable opposition. Almost the whole moral force of an ancient, learned, wealthy, and well-organized profession has been arrayed against our movement. Yet if we compare the history of this Institute with that of similar medical institutions established in the United States, we shall find no cause to shrink from the comparison—on the contrary, the parallel will afford much to encourage and elevate our hopes.

The leading Medical College of the west, for about twenty years prior to 1840, was that of Transylvania University, at Lexington, Ky. This institution commenced in 1819, with a class of 37 students. An imperfect attempt had previously been made for a single year; but this was the first successful effort. In the second year the class rose to 98, in the third year to 120, and in the fourth year to 150: the highest number ever attained by this school amounted to 293.

The numbers of the Eclectic Medical Institute in its first year were 81, in the second year 127, in the third year 220, and in the fourth year, which we are now about commencing, its numbers will probably range from 200 to 250. Thus it appears that the

Eclectic Medical Institute, in its second year, equalled the third year of Transylvania, and in its third year approached the maximum number of Transylvania in its palmyest days. But Transylvania has been far outstripped by its younger rival, the Louisville Medical Institute. This institution commenced in the winter of 1837-8, with a Faculty of celebrity, mostly derived from the Transylvania institution, and with a very liberal endowment from the city of Louisville. The first year its class amounted to 80, the second year to 120, the third to 204. When we compare these numbers, 80, 120, 204, with those of our Institute, 81, 127, 220, we perceive that they run very nearly parallel, but that our numbers in the the third year are greater by about 8 per cent. The fourth year of the Louisville Medical Institute, which numbers but 208, will probably be exceeded by the fourth year of the Eclectic Medical Institute, which has just commenced. The maximum numbers of the Louisville Medical Institute were attained in its eleventh year, 1847-8, and amounted to 406. That number would be attained by the Eclectic Medical Institute in its sixth year, if its future progress should continue at the same rate as the past. The catalogues of this Institute thus present larger numbers than those of the most influential and richly endowed institutions of the west, sustained by the labors of the most distinguished Faculties that could be obtained. Not only is this the result of private enterprise, unaided by any donation, but it has been accomplished in the face of a violent opposition, which would, if possible, have even deprived us of the legal rights bestowed by our charter, and which labored to consign the Faculty to professional death and personal disgrace.

This opposition has emanated chiefly from the Ohio Medical College, an institution somewhat famous for the medical broils and discord with which it has been connected. These broils I have no disposition now to drag forth from their mouldy records; but the history of the numerical progress of the Ohio Medical College would furnish the appropriate data for a comparison of success between two institutions established in the same city.

The Medical College of Ohio was chartered by the Legislature in 1819. In 1820 its lectures were commenced by a respectable Faculty, of which Dr. Drake, now of the Louisville Medical Institute, was the most prominent member. The first year it was attended by a class of 25 students, the second year by a class of 30, and the third year by a class of only 18. The fourth year, in consequence of bad success, and the discord of the Faculty, the school was brought to an end. In 1824 the College was re-organized, by the appointment of a new Faculty of very respectable talents, who occupied their positions a number of years. Under the new organization the College opened in 1824 with 15 students; in 1825 the class amounted to 48; in the third session it rose to 80,

and in the fourth to 101. This seems to have been the period of full maturity; for four years afterwards, in 1831-2, about twelve years from the first establishment of the school, it numbered but 131. Since this period it has progressed with moderate and irregular success, occupying a secondary rank in the west, until at length, in its thirtieth year, this old institution is overtaken and surpassed by a rival but three or four years of age—an institution with no endowment nor exclusive privileges, strong only in the power of truth, of justice, and of benevolence. Nay, more: the very first year of the Eclectic Medical Institute presents about the same number of matriculated students as the nineteenth year of the Ohio Medical College, in which year their number was 80.

Such is the comparative history of medical reform and medical conservatism. Which has been the most successful? I fully concur in sentiment with the statesman who exclaimed, "I would rather be right than be president;" and if scientific reform required the sacrifice of our interests and our feelings to principle and the public good, I believe there are those who would not shrink from the sacrifice; but I also cherish the conviction expressed by the old maxim, that "*Honesty is the best policy*," and that he who is faithful to his convictions, and labors judiciously and honestly to do his duty toward mankind, will generally find in the end that he has little cause to regret his independent course, however it may render him liable to temporary obloquy.

It is, therefore, gratifying to perceive that the Faculty of this Institute, in taking their stand in behalf of medical truth and medical reform, regardless of numerical majorities, and regardless of a jealous opposition, have been no less successful than those who have smoothly sailed along with the current, who have been sustained by liberal endowments, and who have ventured to advance no essentially new or unpopular doctrines—who have taken no position unsustained by high authority and by public opinion.

The ratio of relative success in the western schools above mentioned may be seen by embracing in one the numbers of their first four years.

The medical classes of the first four years of Transylvania University, the oldest western school of medicine, amounted in their aggregate number to 405.

The classes of the first four years of the Louisville Medical Institute, the most flourishing school west of the mountains, present an aggregate number of 612.

The classes of the first four years of the Eclectic Medical Institute cannot be positively determined, as the fourth year has but commenced; but if we calculate upon safe data by comparing our condition now with our number at a corresponding period of the third year, we find that the first four years of the Eclectic Medical Institute, will present an aggregate array of classes amounting to

from 620 to 640. Such is the proportion—Transylvania 405, Louisville Medical Institute 612, Eclectic Medical Institute 620-40. In this comparison, the Ohio Medical College is not included, for the sufficient reason that its original vitality was not sufficient to keep it in operation four consecutive years. After sustaining itself in a scrofulous and anæmic condition for three years, in the fourth it fainted away, and remained for a time in a state of suspended animation.

But if we restrict our comparison to the first three years we find the result as follows:

Transylvania University (Medical department).	255.
Louisville Medical Institute,	404.
Eclectic Medical Institute,	428.
Ohio Medical College,	73!

Seventy-three!—About one-sixth of the numbers attained by the Eclectic school, sustained only by the individual exertions of its Faculty. But it may be said that this was an abortive and unsuccessful effort in the Ohio Medical College. Undoubtedly it was a failure, and the first three years of that institution were peculiarly unsuccessful, notwithstanding the energetic exertions of Prof. DRAKE; but as all human enterprises are liable to fail, we must count the failures along with the successful efforts to arrive at a proper average. The average success of the three oldest and most distinguished schools of the west thus appears to be the assemblage, in three years, of a sum total of 244 students. The first class averages about 47 students, the second 82 or 83, and the third 114. This is fully equal to an average for the United States, as it appears from the statistics of Dr. Beck, that in 1838-9 the average size of classes of medical schools in the United States was 101.

How then does the average success of the most celebrated Old School institutions in the west compare with that of the Eclectic Medical Institute? It compares as the numbers 47, 83, 114 compare with our numbers, 81, 127, 220, or as their aggregate, 244, compares to our aggregate, 428.

But if we omit entirely the first three years of the Ohio Medical College, on account of their bad success, and substitute the fifth, sixth, and seventh years, when the College began to have a visible magnitude, we find the average but little higher, viz.:

Transylvania,	(first year,) 37	(second year,) 98	(third year,) 120
Louisville Medical Institute,	80	120	204
Ohio Medical College,	(fifth year,) 15	(sixth year,) 48	(seventh year,) 80
	132	266	404
Average number of the three schools during the first three years,	44.0	88.6	134.6=267.2
Classes of the Eclectic Medical Institute during the first three years,	81	127	220=428
Difference in favor of the Eclectic Medical Institute,	37	38.4	85.4=160.8

Thus it appears that our aggregate number for the first three years, when compared with that of the most prominent and successful institutions of the west, throwing out their failures and abortions (and including our first session, hastily gotten up in rented apartments, before our edifice had been provided, or our arrangements completed,) not only equals but excels the average success of those schools, by the difference of 428 and 267.2, equal to 160.8, or, in round numbers, to 160 students. In short, the success of the Eclectic Medical Institute, in point of numbers, is more than 50 per cent. greater than that of old school institutions, which have been established without opposition, and with great pecuniary advantages.

The cause of this extraordinary disproportion is to be found in the fact that the Faculty of this school hold two sessions annually instead of one. This gives a greater aggregate number of students; and as the strength of the school is thus divided between the summer and the winter sessions, it would not be fair to compare our winter sessions alone with those of other schools, which condense their whole force in the winter session, and do not afford the privilege of attending a full course at any other season.

As our annual pupilage is divided between two sessions, both must be estimated to ascertain what we accomplish in the year. Were the summer session abolished, a greater number would be compelled to attend in the winter who are now enabled to substitute a course in the summer. But, notwithstanding this arrangement, our winter session alone, reduced as it is by the establishment of two sessions, presents considerably more than the average of western schools which concentrate their whole attendance in the winter. Their average for the first three years has been 47, 83, 114, equal to 244, whereas our number, notwithstanding the summer session, has been 50, 81, 155, equal to 286, or 42 more than the average aggregate of winter sessions.

Thus it is demonstrated, that the success of the Eclectic Medical Institute has realized the most sanguine hopes of its friends, and that it stands upon a firm foundation, its success being based, not upon endowments, nor upon fashions, nor upon authority, but upon eternal principles of truth, which the power of man cannot destroy, and which are now in triumphant progress.

[The greater portion of the lecture being devoted to earnest and familiar advice in reference to personal deportment, manners, and professional studies, is omitted here; but we quote the conclusion, which refers to the future prospects of Eclecticism.]

It is the ambition of the youth of our country to attain the right to be called "*a gentleman and a scholar*:" by the word physician, we generally understand one who is both a scholar and a gentleman. Such is the title to which you aspire. Aim, then, to be

the profound scholar and the perfect gentleman. Thus will you sustain yourselves with honor, and carry on with power the cause of medical reform. Such men will establish its pre-eminence throughout our republic, from the St. Lawrence to the Rio-Grande—from the Atlantic Ocean even to the far off Pacific—from New York, which seems destined to be the world's emporium on the eastern shore of this continent, to San Francisco, which seems destined to be the great emporium of our western coast—and throughout all that space over this continent which lies centrally between two oceans, between Europe and Asia, the common thoroughfare of the world, and the world's great commercial center, the influence of the liberal principles of Eclectic medicine will be felt.

Aye, the high destiny of this continent is now unfolding. The star of empire, which the poet saw wending its way to the west, will culminate to its zenith over this continent, and here, where the world's granaries will be found—here, where the dense center of population will exist—here, where the center of commerce must be—the heart of the commercial world distributing at each pulsation tides of wealth to the east and the west—here, also, incalculable political and military power, as well as commercial wealth, will accumulate, will have their throne, and hold the balance of power that governs the world, and with that power will also sway no longer in Paris, but on this continent, perhaps in the valley of the sciences and arts. The head-quarters of medical science will be the Mississippi and Ohio, and from our center the laws and truths of medical science and scientific discovery will go forth to enlighten and guide the world.

When thus the leadership devolves upon our countrymen, there cannot be much doubt whether the spirit of our antiquated orthodoxy in medicine, which was borrowed from Europe, shall be in the ascendant here, or whether the new spirit of liberalism and Eclectic progress, which was born in America, which has grown strong upon our own soil, which has developed a new system of practice, and revealed the mysterious functions of the brain—which has something new, fresh, original, and peculiarly American, shall be the dominant influence here. The progress of our Institute has proved already that the new truth has more vitality than the old falsehood. Its successful establishment will, in the course of time, lead to the establishment of many similar institutions, teaching the same scientific principles, and spreading, from the high vantage ground afforded by the great cities of this mighty republic, the principles of true medical science to the remotest regions of the earth.

ECLECTIC PRINCIPLES.

A LETTER recently received by the Editors of this Journal contains the following passages:

"In the Cincinnati Gazette of December 9th, a letter appeared from Professor J. R. Buchanan, correcting false statements made by Professor Harrison (of the Ohio Medical College) in the Lancet.

"Several gentlemen of this place, who are very much opposed to the use of mineral medicines in general, but more particularly mercurial and antimonial preparations, and who have been favorably inclined toward the Eclectic system, as represented to them by me, are under the impression that Prof. B.'s language is rather equivocal, in regard to the use of those medicines. Others, opposed to the introduction of the Eclectic system here, are boldly declaring that he actually advocates the use of *mercurial* medicines in some cases.

"Prof. B. says, 'The facts are, that the Faculty and practitioners of the Eclectic school use all mineral remedies which they consider beneficial; they exclude no remedy but upon practical evidence that it is far inferior to others which they prefer, and they have never proscribed cupping, leeching, and blistering, but habitually use those agencies whenever they consider them necessary and proper.'"

In addition to what is stated in the above extracts, the writer remarks, that "it is further requested that the professor of theory and practice favor the friends of reform with a full exposition of his views upon the use of mineral agents in the treatment of disease."

I feel very sure that my friend Dr. Childs did not properly reflect on the vast amount of labor and consumption of time and paper it would require to enable me to present a *full exposition of my* views on the matters under consideration, otherwise he never could have been so unkind as to have made the above request, especially under the influence of the remotest anticipation that I should have it in my power to yield a literal compliance within the limits of a reasonable time.

To depict in a faithful and unexaggerated manner the remorseless ravages and murderous consequences which it has fallen to my lot to witness, as the legitimate fruits and unavoidable consequences of the administration as medicine of the various preparations of mercury, antimony, and arsenic, would require at least one or two large volumes, and would be altogether too extensive a subject to be treated of satisfactorily in one or even several numbers of the Jour-

nal; neither do I find any thing like an extensive diversity of opinion among Eclectic medical reformers on the subject of the means that ought to be used in the treatment of disease. They, with much unanimity, concur in the position which has always governed scientific medical reformers in the selection of their remedial measures, as a body. The rule on this subject is very clear and easy of comprehension, and has been embodied in most of the authorized documents issued from the reformed schools and conventions. From the Address of the National Eclectic Medical Convention, which convened in this city in May last, we take the following extracts, which speak plainly on this subject:

"We protest against the idea that the vast resources of the *materia medica* are to be contemptuously overlooked for the purpose of giving undue prominence to a few of the most powerful, dangerous, and poisonous articles. A style of practice so gratifying to the indolence or ignorance of the physician, and so destructive to the health and lives of thousands, calls loudly upon society for *radical reform*.

"We, therefore, lay down the simple principle as the basis of such reform, that no course of medicine should be taught and sanctioned in a system of practice which is necessarily liable, in its usual application, to inflicting any serious or permanent injury upon the constitution and health. In the application of this principle there may be slight differences of opinion, but it will be unanimously agreed that there are many articles in the *materia medica* which are more conspicuous as poisonous than as remedial agents, and which require at least to be degraded from the prominent position which has been assigned them, in order to render more conspicuous truly valuable medical agents, which have heretofore been strangely neglected or unknown.

"Our attention has been especially directed to the vast sanative resources of the vegetable *materia medica*, and to the fact that these resources have been too often superciliously neglected for the purpose of treating diseases in a more *heroic* manner, by more dangerous, but far less useful mineral preparations."

The last annual advertisement of the Eclectic Medical Institute holds the following language, which is also regarded as pretty clear and conclusive on this subject:

"These doctrines and methods of practice present so much of what is novel and peculiar as to give a new aspect to the science of medicine, and to qualify the practitioner to treat with success many diseases which often baffle the resources of medicine. Not only does the course of instruction present the results of the original investigations and discoveries of the Faculty of this College in the theory and practice of Medicine, *Materia Medica*, Surgery, and Physiology—it also embraces their selection from all valuable

sources. In short, the course of instruction and practice in the Institute is what its name indicates, *Eclectic*. Selecting from any and every source such remedies and modes of practice as experience shall have shown to be worthy of adoption, being, in that selection, governed by the great leading principle in Eclecticism, of using only those medicines, means, and measures which are not liable, under the ordinary circumstances of their judicious application, to produce injurious effects on the constitution of the patient, which principle excludes the preparations of mercury, antimony, and arsenic, as well as general depletion by the lancet, and many other deleterious agencies now in common use."

From a lecture which I had the honor to deliver at Russellville, Ky., on the 20th of July, 1835, I take the following extracts, which bear on the points under discussion. In speaking of the medical reform contended for, the following remarks will be noticed on pages 82 and 83 of the Reformer, vol. 1:

"One of the prominent objects it has in view is, to dismiss from the catalogue of remedial agents all those which, under the ordinary circumstances of their administration, are liable to injure the stamina of the human constitution, more particularly the mineral poisons, such as mercury, antimony, arsenic, and all their various preparations, and substitute in their place articles derived from the vegetable kingdom, which are not only as powerful in their operation, but infinitely safer and more salutary in their immediate and ultimate effects on the human system.

"It would seem unnecessary, at present, to enter into a labored argument to prove that vegetable medicines, more especially the indigenous productions of our own country, are less destructive to the lives and constitutions of mankind than minerals. This is a doctrine which has long been acknowledged, and is almost universally believed and taught by the most distinguished physiologists and writers on materia medica; and it is presumed that no one in this enlightened assembly will be disposed to call in question its correctness."

These extracts show conclusively the ground which has been occupied by scientific medical reformers in relation to the choice of remedial agencies. It will be distinctly seen that vegetable medicines are regarded as the safest, most congenial, and efficacious in the treatment of disease, and are therefore to be preferred as a class. Although Eclectic medical reformers never have pretended to repudiate and proscribe the use of all the medicines of mineral origin; yet they have unequivocally condemned and discarded the use of all the poisonous and dangerous agents of that class, and only sanction the use of a few of the milder and safer articles belonging to that kingdom of nature.

Any impressions that may have been received from reading

Prof. B.'s article, or any other production on this subject at variance with the principles and doctrines set forth in this article, are evidently in conflict with the views of scientific reformers generally, and equally at variance with the plain and unequivocal phraseology of Prof. B.'s reply, as published in this number. The communication in the Gazette, to which Dr. C. refers, contains the explicit statement in reference to the Eclectic Faculty, that they "reject the use of mercury and general depletion by the lancet."

The reply of Prof. Buchanan, as published in the Cincinnati Times, is equally explicit. He speaks of "the Eclectic Faculty rejecting general depletion by the lancet," and illustrates their position thus:

"We do repudiate that narrow-minded routine practice which makes a hobby of some half a dozen powerful drugs, or which scoffs at the potent and innumerable resources of the vegetable materia medica, for the purpose of making a panacea of a poisonous and deleterious mineral remedy. We do not believe that *calomel*, or any other form of mercury, is any thing like a *panacea*, or is entitled to the prominent place which it has been assigned in the materia medica, or is necessary in any case whatever. We do believe that mercurial remedies are retained, in their present position, to the annual destruction of thousands of constitutions and lives, because the medical profession of the Old school too generally adhere to old prejudices, and are not like ourselves aware of the superiority of the more efficient and safer agents which we employ. They do not know that we can act upon the liver more potently and healthily without a particle of mercury, than they can with it, or that there is a more judicious method of using the materia medica which enables us to dispense with the use of those medicines, which often leave an impaired and enfeebled condition of the constitution, however carefully they may be used. It is the earnest desire of all benevolent physicians to dispense with those bleeding and mercurializing measures which have destroyed so many lives; but they are not generally aware that it is practicable, and do not know the ample resources which the Eclectic practice furnishes in place of these deleterious methods."

With these explicit statements of our position, it is hoped that no farther misunderstanding will exist in the minds of any upon this subject.

M.

CLINICAL EXAMINATION OF URINE, WITH SOME OF ITS MORBID CONDITIONS.

BY R. S. NEWTON, M. D.

WHEN the physician is called to the bed-side to investigate disease, it becomes him not only to examine well every symptom presented by the patient, but every indication afforded by the secretions and excretions. To form a correct diagnosis, an examination of the urine is of great importance. In these examinations two perceptible conditions are presented—urine depositing a visible substance, and that which does not form any deposit.

URINE WITHOUT ANY VISIBLE DEPOSIT.

In order to test the urine, place a piece of litmus paper in the urine; if it be acid, the blue color of the paper will be changed to red. Should no change occur, a piece of reddened litmus paper must be dipped in, and if the secretions be alkaline, its blue color will be restored; if there be no change the urine is neutral. By heating a portion of the urine in a spoon or test tube, over a spirit lamp, if a white deposit occur, albumen or earthy phosphates are present; if it be albumen, nitric acid will not re-dissolve the deposit, but if a phosphate, it will be dissolved.

If the urine be very high colored, and undergoes no change by boiling, the coloring matters of bile, blood, and purpurine are present. This may be determined by pouring on a thin layer of urine a few drops of nitric acid; if bile be present, an immediate and rapid play of colors, from red to green, will occur; no such change takes place with purpurine; if blood be present, the high colored urine will be changed by gentle heat. The existence of uric acid may be determined by adding a few drops of nitric acid, which will produce a brown deposit; if a white deposit is formed, albumen is present; if effervescence take place, after the addition of the acid, it has been changed into carbonate of ammonia.

URINE DEPOSITING A VISIBLE SEDIMENT.

If the deposit does not disappear after the addition of nitric acid, and is flocculent, easily diffused by agitation, it is chiefly made up of healthy mucus; if the deposit is ropy, and is partly dissolved by the acid, it is a phosphate; if it is slightly affected, it is mucus. If the deposit be pus, it will fall in creamy layers to the bottom of the vessel, while the supernatant urine is coagulated by heat. If the deposit is white, it consists of urate of ammonia, phosphates, or cystine; the first disappears by heat, the second by

nitric acid, and the third dissolves in ammonia. If the deposit be colored, it consists of red particles of blood, uric acid, or urate of ammonia, stained with purpurine. If the first, the urine becomes opake with heat, if the second, the deposit is in visible crystals, (see figure 1,) if the third, the deposit is amorphous, and dissolves on heating the fluid.

Much time may be saved in this investigation, by bearing in mind the following facts: If the deposit be white and the urine acid, it consists of urate of ammonia; but if it should not disappear by heat, it is phosphatic. If a deposit be of any color inclining to yellow, drab, pink, or red, it is sure to be urate of ammonia, unless crystalline, then it is uric acid.

The only apparatus and tests required for these investigations at the bed-side are a gravimeter, made small enough to float in an ounce of fluid, red and blue litmus paper, a test tube, watch glass, and nitric acid.

CHEMICAL PATHOLOGY OF URIC ACID AND ITS COMBINATIONS.

When uric acid occurs in urinary deposits, uncombined with a base, it is invariably in a crystalline form, never occurring in the state of an impalpable amorphous powder. The crystals are large enough to be determined in general by the eye, and in all cases by the microscope. Uric acid never occurs quite colorless, excepting mixed with urate of ammonia, which is frequently the case. Every shade of intensity of tint is found in these deposits; hence, the term red or yellow sand is applied to them. In general, the deeper the color of the urine, the darker the sediment.

DIAGNOSIS OF URIC ACID DEPOSITS.

When heated in the urine, the uric acid deposit does not dissolve—the crystals merely become opake. It generally becomes more distinct from the solution of the urate of ammonia, which is frequently mixed with it, and sometimes completely conceals it from view. Hence, the best mode of discerning this deposit is to warm urine turbid with urate of ammonia, in a watch glass. The acid becomes visible on the glass as soon as the urate dissolves. Liquor potassæ will dissolve the urate of ammonia, by the formation of the urate of potassa. Hydrochloric and acetic acids have no action, while the nitric readily dissolves it.

CHARACTER OF URINE DEPOSITING URIC ACID.

When this acid is found in excess in the urine, it lets fall crystals on cooling. Very high colored urine seldom deposits uric acid until after the addition of a stronger acid. Urine never lets fall all its uric acid spontaneously as a deposit. Urine depositing uric acid always reddens litmus paper, and often contains an excess of urea, so as to crystallize slowly when mixed with nitric acid in a watch glass.

MICROSCOPIC CHARACTERS.

The crystallized forms of the uric acid present a remarkable variety; they all have the rhomboid prism, which may be considered the normal crystalline form of this substance.

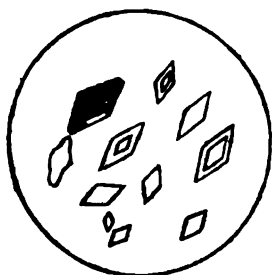
Two varieties can be formed artificially by filtering a strong solution of urate of potassa, or ammonia, into dilute and warm hydrochloric acid; perfect rhomboids, or square tables (often excavated at the sides into an imperfect hour glass figure) are obtained. These varieties depend upon the strength of the acids and urates used.

If the crystalline form exist in the deposit, they can be examined by placing a drop of turbid urine on a plate of glass, and examining it under a small microscope; but the best way is to allow the urine to settle, and then pour a tablespoonful of the lower portion, that which is the most turbid, into a watch glass; by warming this gently, the urate of ammonia is dissolved, and the deposit is readily formed. Remove the supernatant urine, and add a few drops of water, then place the glass under the microscope, and the crystals covered with the water become very distinct. They may be examined by transmitted rays or reflected light, the latter having some advantages when the crystals are large or in masses. All that is then required is to place on the stage of the microscope, and under the watch glass, a piece of black velvet; by means of a condensing lens, let a strong light be thrown upon the crystals; then bring the object glass into proper adjustment, and the color, as well as the figure of the crystals, will become beautifully defined on a blackground. In the following microscopic views, all the larger crystals are thus represented. The following cuts are copied from the work of Dr. Bird on urinary diseases.

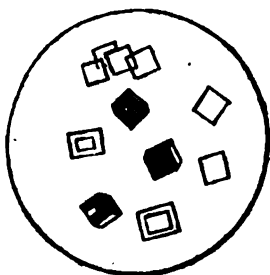
In figure 1 are represented the common rhomboidal crystals of uric acid; these are generally found to be very thin, and sometimes of a lozenge shaped lamina, but again they are thicker, and by adjusting the light, their true shape may be well defined.

When the deposit has been of long continuance, especially in calculous diseases, the rhomboid outline of the crystal is replaced by a square one (see figure 2).

(1.)



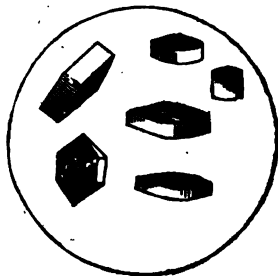
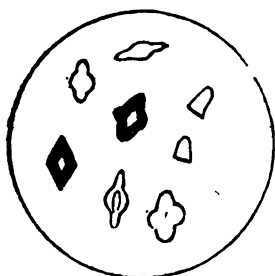
(2.)



The deposit is then generally high colored, and the crystals much thicker than in the former variety. In this an internal marking, like a frame work, is visible. Several accidental varieties of these rhomboid and square crystals exist; of these the most curious presents a spindle-like figure, the obtuse end being rounded—the margin of either side excavated, (figure 3,) so as sometimes to approach a *fleur-de-lys* outline. Many uric deposits appear at first sight to be made up of flattened cylinders, presenting a very

(3.)

(4.)

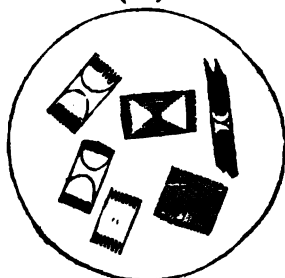


remarkable appearance (figure 4). Upon making them roll over, by adding a few drops of alcohol, or by agitation, the fallacy will be detected, they being really very thick lozenges, lying on their sides. This variety is frequently found mixed with urate of ammonia and oxalate of lime. The addition of hydrochloric acid to urine often causes a precipitation of crystals of this form.

The crystals are sometimes found very thin, their length being greater than their breadth, and much resembling a bundle of irregular needles, as well as a block-like

(5.)

shape. The whole surface is sometimes marked with myriads of close dark lines. When carefully examined, the bodies present a very remarkable internal marking, like two crescents placed with their convexities opposed (figure 5.) This curious appearance is only visible in the non-striated body of the crystal. Coarse and deep orange or red sand is generally composed of cohering crystals,



forming indeed minute calculi. Two varieties of these are met with, one formed (figure 6) of cohering, thick, rhomboidal prisms, and the other of aggregated lozenges, in spinous masses. The latter are particularly met with where a marked tendency to calculi exists (figure 7). It is not unfrequent to find these masses crystallized on a hair, just as sugar candy is crystallized on a thread or string.

(6.)



(7.)



DIAGNOSIS OF DEPOSITS OF URATE OF AMMONIA.

These deposits vary in color from absolute whiteness to a pale fawn color, which is the most frequent tint, brick-red, pink, or purple. All these various colored deposits present certain characters in common. They never appear in the urine until after it has cooled, and disappear with the greatest readiness on the application of heat. The purple deposits require rather a higher temperature for solution than the other. The liquor potassæ, or liquor ammoniæ, will immediately dissolve the urate of ammonia. Their chemical constitution is shown in a very interesting manner by examining a drop of the turbid urine with the microscope, between two plates of glass; an amorphous powder will alone be visible, unless uric acid be present; then, by adding a drop of hydrochloric acid, the turbidity will disappear, and in a short time crystals of uric acid will be seen, growing in the fluid, the ammonia having united with the hydrochloric acid that was added, and deserted the uric acid.

CHARACTERS OF URINE DEPOSITING URATE OF AMMONIA.

The following modifications are most important: 1. A pale urine of low specific gravity, becoming opaque in cooling, from the deposition of nearly white urate of ammonia, which forms a rope-like appearance, much resembling mucopus.

2. Urine of moderate density, which is of a pale amber color, and forms on cooling a copious fawn colored deposit, (resembling brick dust dissolved in the urine,) but readily disappears by the action of heat. This deposit is very frequent, and in all cases when there is any cutaneous interference.

3. If there be any febrile excitement, the urine becomes concentrated, rises in density, and deposits on cooling a reddish brown sediment, constituting the well known lateritious or brick dust sediment.

4. In well marked affections of the portal circulation, especially when connected with organic diseases of the liver or spleen, or when there is a suppurating action going on in the body, and espe-

cially of a strumous character, the urine possesses a deep purple or copper color, often verging on crimson, and may be mistaken for blood.

MICROSCOPIC CHARACTER OF URATE OF AMMONIA.

When a drop of urine containing a portion of this substance is put between two pieces of glass, and put under the microscope, a mere amorphous precipitate is seen; but on more careful examination this will be found to contain myriads of excessively fine globules, adhering together, forming little linear masses, (figure 8,) often mixed with uric acid crystals. Sometimes the urate of ammonia occurs in large globules, mixed with crystals of uric acid; this is observed in albuminous urine, (figure 9,) and, from its opacity is best observed by reflected light.

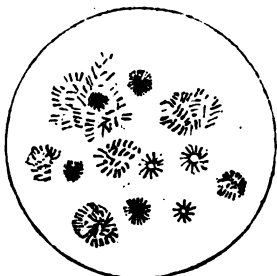
(8.)



(9.)



(10.)



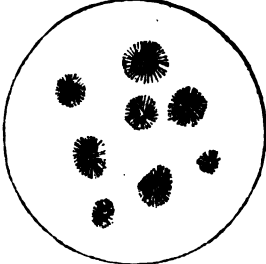
Urate of ammonia occurs in deposits in delicate needles, some times united so as to form stellæ (figure 10).

The urate of soda is found in deposits of the urine in cases of gout and febrile affections, and where the treatment consisted in the use of carbonate of soda. It then is found in round, yellowish, opaque masses, provided with projecting and carved processes (figure 11,) forming a remarkable figure. When artificially pre-

(11.)



(12.)



pared, by dissolving uric acid in a hot solution of carbonate of soda, it crystallizes in needles and tufts (figure 12). In chemical characters, the urate of soda resembles the salt of ammonia, but does not disappear quite so readily on heating the lime.

**PATHOLOGICAL CHANGES IN THE QUANTITY OF URIC ACID AND
URATE OF AMMONIA.**

Independently of an alteration in the proportion of the uric acid by an excess or deficiency of nitrogen in the food certain pathological states of the system exert a most important influence on the quantity excreted. Uric acid may be traced to two great sources, the disintegration of tissues and to nitrogenised food. It is obvious, therefore, that whatever increases the rapidity of the former process, or interferes with the due digestion or assimilation of the latter, will materially affect the amount of uric acid contained in the urine. In all diseases attended with great emaciation, when the supply of food is not ample for the body, there will be an increased amount of uric acid in the urine; if the kidneys remain sufficiently healthy to perform their functions. But if the renal functions are themselves affected, as they frequently are, the above would be an exception to the general rule. In inflammatory diseases, in rheumatism, in organic, and sometimes even functional, difficulties, the amount of uric acid will be increased, and the deposit of this substance will appear either free or combined.

In gout and rheumatism there is a great tendency to the formation of an excess of uric acid, both pure and combined, especially with soda. The elements of the acid, or its combinations, are in these diseases supplied by the nitrogenised elements of the food. In such quantities is urate of soda often generated, that the watery portions of the blood are not sufficient for its solution, and part of it is deposited in the joints and sheaths of the tendons, producing painful swellings.

In all diseases attended with excessive debility, independently of acute disease, especially when an anæmic or chlorotic state exists, and when the circulation is languid, or, if excited, is owing to irritation rather than inflammation, a deficiency of uric acid occurs, and no deposit ever takes place in the urine, unless the quantity of water present is remarkably diminished. The diminution of uric acid is well observed after great losses of blood; this may also show how excessive bleeding may develop its effects, and is, in my opinion, one strong evidence against this pernicious practice, which is fast sinking to its proper position in the minds of all liberal members of the profession. This subject might be extended much further, but as space will not permit in the present number, it may be referred to again. I am indebted to many writers upon this subject for important matter, and for the originals of the cuts to Dr. Bird.

Part 2.---Editorial.

DEGENERACY OF MEDICAL COLLEGES.

THE UPWARD AND ONWARD TENDENCIES of the profession at the present time present an interesting subject for contemplation. Among the former may be mentioned,

1. THE ECLECTIC MOVEMENT, designed to free the profession from every vestige of the "*Old Hunkerism*" with which it is now encumbered, and to introduce not only a far better practice, but a broader, deeper, and truer medical philosophy.

2. The REBELLION of Homœopathy, Hydropathy, and other eccentric systems of practice, against the tyrannical restraint which the organization of the profession has heretofore imposed upon the freedom of individual opinion and action.

3. The confession of existing defects, the increased tone of liberality among eminent physicians, and the gradual, almost insensible, yielding of the profession generally to the "pressure from without" of public sentiment, and the reformatory spirit of the age. (How common to hear the confession, "I give very little calomel now—I very seldom bleed.")

4. The steady progress of Phrenology, Animal Magnetism, and other forms of Neurological Science, fertilizing and liberalizing all minds as they advance.

5. The abolition of legal restraints upon professional pursuits, leaving reason and public opinion as the sole regulators of the medical profession.

6. The complaints brought against medical colleges, and against the present condition of the profession, and the attempts to elevate the character of medical instruction by imposing greater restrictions upon the graduation of unqualified persons, and by extending the sessions of medical schools beyond the usual term of four months.

7. The confession that Medical Botany has been shamefully neglected, and the appointment of a committee by the National

Medical Association for the purpose of reporting upon our indigenous plants, and their value as medicines.

These are cheering indications of the progress of the profession, but, on the other hand, the DOWNWARD tendencies are but too apparent.

1. The tenacity of "Old Hunkerism," as manifested in the numerous illiberal and malignant articles in various medical journals, and in the resolution of the National Medical Association for *excluding from medical colleges* all students whose preceptors were not strictly *regular* in their practice; or, in other words, who dared to think and to practice differently from the National Medical Association.

2. The low moral tone and consequent demoralizing influence of such men as Prof. Harrison, of the Ohio Medical College, and others who need not be named. The daily example of coarse vituperation against opponents must necessarily exert a pernicious influence upon the minds of young men, before whom such examples are exhibited without comment or correction.

3. The tendency of the profession in large cities to organize under certain leaders, to adopt rigid rules, and to sacrifice individual freedom to certain visionary notions of professional dignity and infallibility.

4. The extravagancies, ultraism, and ignorance of individuals desirous of effecting medical reform, but not sufficiently enlightened or liberal, nor sufficiently elevated in their aims to sustain a respectable position.

5. The great multiplication of inferior medical colleges, their competition to increase their numbers, and the increasing facility in obtaining a medical diploma.

There are already thirty-seven established medical colleges in the United States, and we are continually hearing of new schools. Another medical school has just been established in Indiana, (in addition to the one at Laporte,) another at Rock Island, Illinois, and another even in Iowa. How many more are just beginning to be hatched, and how many are likely to make their appearance during the year '49, it would be difficult to say; but it is probable that the multiplication will continue to go on as long as charters can be obtained, until the fact becomes generally known to the ambitious members of the profession, that a professorship in a

new medical school, which has no commanding advantages over its rivals, and which for many years can sustain but a feeble and rickety existence, confers neither honor nor profit upon its occupant. The duties of such a professorship, if rightly discharged, are matters of earnest and life-long labor; but if they are hurried through in a careless manner, without this labor, the professor who pursues such a course becomes an injury, and indeed a nuisance to the profession, by withdrawing young men from schools of reputation in which they might have been thoroughly instructed, and sinking their standard of professional allowments to his own inferior level.

How eagerly do we find men seeking to undertake the grave responsibilities of a medical college, who are not only deficient in medical knowledge, but deficient even in the ordinary elements of a decent English education. When individuals, thus deficient alike in medical and in literary cultivation, succeed in presenting themselves as teachers of medical science, the effect must necessarily be to spread through the country a race of sciolists and superficial pretenders, whose manifest ignorance will be quite efficient in destroying all confidence in the profession, and all respect for its members in the public mind.

That the multiplication of medical schools tends to produce such results, has already become very obvious. The diploma is annually becoming less and less valuable as an evidence of medical attainments, and more easily accessible to the indolent student, who desires to obtain it merely as an introduction to professional employment. Students are invited to attend certain schools, with the assurance of the most liberal indulgence in pecuniary matters, and induced to suppose that with a single course of lectures they may be permitted to become candidates for a degree. We have received letters showing that such anticipations were cherished, and young men had been induced to suppose that a single course of lectures in a certain Allopathic school in Ohio would entitle them to the opportunity of graduation. We are by no means disposed to charge upon the Faculty of that institution any design to hold out such inducements to students, and thus to lower the standard of education; but when such intimations have been held out in connection with their name, whether authorized or not, it shows distinctly the obvious tendency of competition among schools.

But whatever may be the downward tendencies of the numerous

Allopathic schools, they are certainly unable to compete in this downward race with the Thomsonian institutions. In our remarks upon this subject, we would not be understood as referring to Thomsonian practitioners generally, but only to the schools which have been based upon the popularity of Thomsonian remedies. There are doubtless many upright and sincere men, who have been driven by Allopathic bigotry into an independent and hostile position, and who have adopted more or less of the ultra Thomsonian views, for want of a more satisfactory and definite position. These individuals, who regard themselves as independent botanic practitioners, are generally men of considerable practical skill, and of mental independence. The majority of this class will ultimately be found, when they have calmly surveyed the position of parties, in the ranks of scientific medical reformers.

The establishment of schools with the power of conferring medical degrees, (avowedly upon Thomsonian principles,) has presented the lowest standard of medical education ever yet seen in our country. Without referring to the general inferiority of these schools as to character, intellect, and means of instruction, a glance at their facilities of graduation will show their inevitable tendency.

The school established at Petersburg, Virginia, under the deceptive title of "Scientific and Eclectic Medical Institute," (a Thomsonian school,) is but little more than a nominal affair as to the instruction of medical classes. A gentleman of intelligence from Petersburg informed us that it had but about nine students last year, and we perceive that the annual announcement of the school for 1847-8 presents but fifteen names on the "list of matriculates." Whether the collegiate operations were carried on in the drug store of the Professors P. and K., or in the apartments overhead, our informant could not distinctly state; but, however insignificant the operations of this school may be in the way of medical instruction, it is amply capable of furnishing any number of diplomas which the state of the market may require. Not only are their own students furnished with these "scientific" diplomas, but the students of the Botanico Medical School of Worcester, Massachusetts, are also honored by the distribution of parchments from Petersburg. One charter is enough for both; and, indeed, we see no reason why the benevolent gentlemen of Petersburg should not extend their sheltering wings over all the Thomsonian schools to

be hereafter chartered, and thus save the troublesome necessity of applying for a charter. According to this convenient plan there need never be a lack of Thomsonian diplomas; for so long as one school of that character in the United States retains a charter, the powers of that charter will be entirely sufficient to supply any number of degrees, in every state of the Union, to those who *may or may not* have been under Thomsonian instruction.

Actual attendance upon lectures of any kind does not appear to be at all necessary. If the Faculty are disposed to confer the degree, it makes no matter whether there has been any previous study, or any attendance upon lectures. They say, "If found qualified by the Faculty, the Board of Directors will confer on him the Doctorate in Medicine, *'without reference to the time of study, provided the candidate shall have paid for one full course of tickets, and the matriculation and graduation fees.'*" Or, in plain English, any individual, educated or uneducated, who is willing to pay ninety dollars, can obtain a diploma, if the Faculty are disposed to sell him one, and willing to certify his qualifications.

But, as if this were not sufficient, the Faculty openly advertise that they will confer honorary diplomas (as premiums) upon any individuals who will furnish them the best essays upon lobelia, blood-letting, mercury, and a variety of other subjects. When medical schools, with regular charters and the power of conferring degrees, come to so low an ebb as this, what must be the inevitable effect?

It appears to us that the following will be the inevitable consequences:

1. Those schools which enlarge their facilities and prolong their courses of instruction, will necessarily occupy the highest position as fountains of medical learning, and their diplomas will be eagerly sought by those who aim at thorough medical scholarship.

2. The various schools through the country of inferior merit, will present a descending scale, at the bottom of which will be found the ultra Thomsonian schools.

3. In this position a general spirit of emulation will arise, which will gradually compel the inferior schools either to raise their standard of qualifications, or to sink to the Thomsonian level of diploma-shops. (It is probable that in time the title of Thomsonian will be universally repudiated, or, if retained by any, will be but a badge of ignorance. Schools which have heretofore

occupied that position, will, if they are capable of improvement, take a more liberal ground. We think there are evident indications of an upward tendency. The unchartered school at Worcester, Mass., manifests a laudable desire for the discharge of its duties, and would probably, if its resources were adequate, rise to a very respectable position. The Curtis school of this city has been greatly improved by securing the services of Dr. Kost—a gentleman of highly respectable attainments, as well as of liberal views. At the same time the virtual ownership of the whole school by Dr. C. has been surrendered (we are informed) to a Board of Trustees, who propose to bring it out under a new title. What the new name is to be we are not informed.)

4. The Eclectic Medical Institute, which at present occupies an advanced position, giving a more thorough and laborious course of instruction than any other medical institution of Cincinnati,* will, we hope, continue to move in advance as far and as fast as its opportunities and position will permit—thus placing its graduates upon the highest platform of the profession. In the next number we may suggest a plan to elevate the standard of professional attainments, quite distinct from that proposed by the National Medical Association, and probably much more efficient.

For the present, in view of the existing condition of the profession, we would respectfully suggest to the friends of Eclecticism in the United States the propriety of concentrating their energies and co-operating with us in the effort to elevate our common cause. If duly sustained by our friends, we pledge ourselves to elevate the standard of Medical Education, and to place the cause of Medical Reform in a higher position than it has ever yet occupied in America. In such a position that the name of Eclectic may be honored in America and in Europe, as significant not only of enlarged liberality and mental independence, but of thorough medical scholarship and the *highest degree* of skill in the treatment of disease. In a word, we aim to establish in the public mind an indisputable pre-eminence, and thus ultimately to regenerate the whole profession.

To accomplish results so important and so noble, the sincere

* We have shown in previous numbers, that the Faculty of the E. M. Institute, deliver at least one-fifth more of instruction during their session than the Faculty of the Ohio Medical College.

friends of Eclecticism must abstain from imitating the follies of the Old school and the Thomsonians in undertaking the establishment of feeble and inferior schools. If there were at this time a superabundance of talent, of learning, and wealth in our ranks, all seeking in vain to be employed, we should have not a word to say against the establishment of able, learned, and well-endowed schools; but from our knowledge of the resources of the cause throughout the United States, we are amply warranted in affirming that no additional school could be established at present with any prospect of attaining such a rank or sustaining such a character as would be of the least benefit to the general progress of the cause. That opportunities will occur hereafter for a vigorous and concerted movement to establish another institution of elevated character, is by no means improbable; but at present, and for several years to come, every attempt of that kind must necessarily tend to diminish the moral force of the cause, to distract and divide its friends, and seriously retard or defeat our ultimate triumph.

Medical instruction sustains the same relation to competition as medical practice. He who aims merely at pecuniary success in his profession, would prefer to see rivals in the field around him whose general inferiority would insure his own undisputed pre-eminence; but he who takes more enlarged views, and wishes to sustain honorably the system of practice to which he is devoted, would desire to see, not his inferiors, but his equals or superiors in the field, who might sustain honorably the common cause; and while he would regret the appearance of those whose qualifications and opportunities were insufficient, he would take some pains to encourage and assist, in a fraternal spirit, those whose character, learning, and abilities would redound to the honor of the profession. Such is the view upon which we are disposed to act, and such must be the feeling of the Eclectic Medical profession at large who are deeply interested in sustaining and elevating the general professional standing and character of Medical Reformers.

We would, therefore, suggest that the friends of Eclecticism in America unanimously resolve to concentrate their energies for the establishment of a Model College, which may proudly uphold the standard of Medical Reform—that they deliberate farther upon the best method of sustaining and elevating the national school, and upon the policy and propriety of establishing other schools at any

time hereafter, having an eye in all things to the good of the common cause, the union and harmony of its friends, the improvement of medical education, and the triumph of Medical Reform over its active and energetic foes.

B.

TO MEDICAL PRACTITIONERS.

As the design of this Journal is to present to the profession valuable practical matters, in such a form as to be available to the Physician in his daily ministrations to the sick, the publishers earnestly solicit the aid of all their professional friends in the accumulation of facts and discoveries relative to diseases in different sections of the country, new remedies and new modes of application of those now known.

Articles in the form of reports of important cases, illustrating the efficacy of the peculiar mode of treatment adopted, given briefly, yet in a clear and detailed manner so as to enable the reader to avail himself of the directions there given in similar cases, as well as dissertations upon the properties and uses of different remedies, are much needed, and would be of great service to the cause of medical reform. We are aware that there are hundreds of Physicians whose practice is eminently successful in diseases of various forms, which, under the allopathic treatment, are often incurable, who have made many new discoveries, and in whose practice there is much that is peculiar to themselves which ought to be in the hands of all who are not satisfied with the present woefully deficient and unsuccessful practice pursued and sustained by allopathic orthodoxy. We have frequently urged our medical friends to furnish us with original matter of this kind, and while some have complied with the request, others have excused themselves on the ground that they were unaccustomed to writing for the press, and were too much engaged in practice to devote the attention to writing, requisite to present articles worthy of publication. This may be a plausible excuse in some few cases, while in many others we strongly suspect it is only an excuse to avoid the labor, and not a lack of the proper skill in writing.

If Reformers would keep up with the intelligence of the age in Medical Science, they must each and every one contribute a due

proportion to the general stock of knowledge. Thus, by giving his discoveries to the profession, each will in return get those of many others, and the whole be benefitted, while no one will be the loser.

One may have valuable knowledge respecting the treatment of a particular disease, or of the use of a particular remedy, entirely unknown to another, while he in turn possesses similar information of which the former is ignorant. But by communicating these through the Journal, all will be equally informed; and we do not doubt that if every practitioner would look upon this matter in a proper light, and do all in his power to extend and diffuse his knowledge, more valuable additions may be made to the science through the Journal in one year, than could be made by any other mode in five or ten times the same period.

If any are willing to write for the Journal, who have any hesitation in consequence of being unaccustomed to writing for the press, we can say to them, do not let valuable information be kept back for fear of not presenting it in a style to suit your or our taste. If you will furnish the matter, we will, if desired, make such alterations in style as may be desirable. We hope to have a number of valuable essays from abroad for our next number. We intend to be liberal, and therefore invite all friends of Reform, whether they favor all our peculiar views or not, to present to the public through the Journal any matter relating to the healing art that may be practically useful.

THE INSTITUTE.—Before the proposed enlargements of the Eclectic Medical Institute can be effected, it will be requisite to enlarge its capital stock much beyond the present amount. It is proposed, therefore, to increase the amount to *one hundred thousand dollars*. After this change has been effected, we expect to prosecute vigorously our plans of enlarged usefulness. B.

☞ The attention of Medical Students is respectfully invited to the announcement of the spring and summer course of Lectures, commencing on the first day of March next. M.

☞ Persons to whom the present No. of the Eclectic Medical Journal is sent, who do not desire to be considered as subscribers, will be kind enough to wrap it carefully and return it addressed to "Eclectic Medical Journal, Cincinnati, O." All such as do not do so, will be considered as subscribers for the year. M.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. II.]

FEBRUARY, 1849.

[No. 2.

Part 1.---Original Communications.

MEMORIAL

OF THE AMERICAN ECLECTIC MEDICAL CONVENTION.

To the Honorable the Senate and

House of Representatives of the State of Ohio :

THE members of the American Eclectic Medical Convention would respectfully address your honorable body in reference to the oppressive inequality and injustice now existing under the laws of this commonwealth.

Your Memorialists, as a Medical Convention, represent the interests, opinions, and wishes of a large and rapidly increasing portion of the Medical profession, residing not only in Ohio, but throughout the United States, and warmly sustained by a large number of the intelligent and liberal citizens of the republic.

In behalf of this large portion of the people and the profession, destined, we believe, soon to become a decided majority, we ask that respectful attention and impartial action which should ever characterize the administration of a republican government.

We would remind your honorable body, that the legislation of this and other states, upon medical subjects, has heretofore been clearly in contravention of the first principles of republican justice. An organized portion of the medical profession, enjoying an overwhelming preponderance of numbers and the confidence of the public, has been enabled by these advantages to secure the passage of laws, not only for the pecuniary benefit of their collegiate institutions (to which we do not object,) but for the purpose of discrediting and placing in a degraded position their less numerous rivals, whose merits were then less extensively known, and whose rights were scarcely considered. But it required not many years to arouse the public attention to the injustice of all such laws—to make more

fully known the merits and the rights of the oppressed class, and to secure the repeal of the obnoxious laws, by the most decisive action of the legislature and the people. The attempts subsequently made to procure the re-enactment of any such laws, have been firmly repulsed by the legislature, and generally condemned by public sentiment.

While Medical Reformers have thus succeeded in the face of private professional persecution and an extensive organized opposition, in obtaining a recognition of their legal rights, they do not feel willing, after having for years endured a scandalous and unwarrantable persecution, to rest contented with a mere removal of legal disabilities. They are entitled to claim full and entire equality in the eye of the law.

The doctrine of union between church and state—of the right of any religious class to receive and monopolize the favor of government, or to enjoy any peculiar and pre-eminent privileges, has long been exploded in this country, and nothing could be more odious than an attempt to revive such distinctions. Assuredly, distinctions in the profession of medicine between the different classes of the community, are no less oppressive and unjust than similar distinctions in religion.

If men have the right to worship God according to the dictates of conscience, unmolested by earthly powers, assuredly they have an equal right to study Nature and employ the most precious gifts of the Creator for the restoration of health. The right to seek the salvation of the soul, and the right to seek the salvation or health of the body, according to the dictates of our own judgment and conscience, are rights equally certain, clear and impregnable in a true republic. In exercising the former right, it is demanded by every freeman, that no invidious distinction shall be made by governmental action, and that nothing shall be done by an impartial government calculated to hinder, degrade, or restrict the individual, whatever may be the creed which he avows. In the exercise of the latter right, this demand is no less imperative.

In reference to matters of private opinion and action, upon which the most intelligent and learned may differ, a republican government has no right to interpose to the injury of either party. In the present instance, we not only claim this equality in relation to governmental action in behalf of Medical Reformers, but we assert, that whenever it comes within the scope of governmental duties to foster the sciences by assisting the cultivators and teachers of medicine, the claims of medical reformers in that respect entitle them, if any distinction should be made, to the foremost rank. We do not demand, as has been demanded heretofore by others, that invidious distinctions should be made in our behalf; but we do assert, that if any portion of the medical profession is to be regarded with peculiar favor, it is not that portion which has heretofore been fos-

tered by legislative bounty, walled around like a hot-house plant by legislative enactments, to protect it from the free air of competition, and which has followed the safe and lucrative path marked out "by authority;" but rather that other portion which has presented itself to the public friendless and poor—which has risen against persecution and a powerful array of wealth, of colleges, governments, societies, and time-honored precedents—which has fought its way into recognition, and vindicated its legal rights against oppression—which has ameliorated the practice of medicine, and abolished throughout a large portion of this country, the most pernicious and unscientific methods of treatment heretofore in vogue—which has saved an incalculable number of lives—which has raised up thousands from disease and despair to the full enjoyment of health, who had been abandoned by the Old school profession as utterly incurable; and which has done more to render practical medicine truly a healing art, than all its wealthy, learned, powerful, and overbearing rivals.

These assertions are based upon an extensive experience and observation. Doubtless there may be members of your honorable body who have a personal knowledge of these matters; but if not, we would refer to the experience of all intelligent medical men who have tried the new as well as the old or mercurial system of practice, and to the general sentiment of patients who have had a fair trial of each. Hereafter we hope to present, in a proper manner, the statistical evidence of these assertions.

We claim, that in arranging the medical charities which are sustained by the friends of this commonwealth, a just respect should be shown to a system of medicine which has the approbation of a large portion of the people, and that the patronage and influence of the state should not be employed to bolster any system of exclusiveness, or any corporate monopoly, regardless of the public good.

A striking example for the application of this principle, exists in the city of Cincinnati at the present time. The Commercial Hospital and Lunatic Asylum of Ohio, a state institution sustained by the means of all classes of society alike, has fallen into the hands of certain members of the medical profession, to be controlled and used like an estate in fee simple for their own private emolument. In this extensive hospital, a large number of persons unable to provide themselves with competent attendance, receive the medical and other assistance which has been furnished them by the state. A large proportion of these individuals, it is true, are of an humble station in life; but we are not aware that the rights of any individual in a republic are to be measured by wealth or social rank. The patients of the hospital, whether of the class that has been cast down from ease and affluence, or of the class enured to poverty, are all equally entitled to our just consideration. And if we

undertake to give them medical or other relief, their wants are justly entitled to be known and regarded. It would be the height of folly, as well as injustice, to administer our charity in such a manner as to prevent their effectual relief, and to diminish the amount of good which our means are competent to effect.

If in selecting our medical attendance we adopt an exclusive plan which does not fully command the public confidence, and which pays no regard to the wishes of those who are the recipients of the charity—if we compel those who are in need of medical relief to undergo a peculiar system of treatment, or else be excluded from this public assistance, it inevitably follows that those who regard that treatment as unsatisfactory and unscientific, and who are determined not to submit to any thing so repugnant to reason and experience as the mercurial and blood-letting system, will be virtually excluded from the benefit of that institution. Such we know to be the fact at present. That portion of the public who have become aware by personal observation, or experience, of the evils of the old system of practice, are now virtually excluded from the Commercial Hospital, and thrown upon the private charity of medical practitioners and benevolent neighbors for that which they have a right to expect from a public institution. We ask, is it just, because the patient is poor and dependent, to exercise this tyrannical control, which operates so severely upon many—which either drives them from the institution to the miserable abodes in which they cannot procure proper attendance, or else, if necessity compels them to submit, is felt by many as a tyrannical exercise of authority, and a serious diminution of their prospects of recovery and health? We ask, then, for Hospital patients, the right of choosing their medical attendance; and, as the smallest possible concession of their rights that we could demand, we ask that they should at least have the privilege of choice between the mercurial, blood-letting system of practice, and that system which restores the health without making a dangerous inroad upon vitality by the very process, and without leaving a poisoned and shattered constitution.

We do not ask that any increased expense should be incurred, for no farther expense is necessary in the care of Hospital patients than is at present incurred. The facilities for the study of disease presented by such an institution, will be received as an equivalent for the labor of medical attendance.

While we seek this right in behalf of Hospital patients, as a matter of simple justice—a mere abolition of legal favoritism and monopoly—we solicit most earnestly for the medical profession the abolition of another form of this oppressive monopoly. The Hospital affords extensive opportunities for clinical instruction, which are regarded as valuable by all who are preparing for the practice of medicine, or who wish to investigate disease.

As now controlled, instead of these opportunities being extended

to all who are about to enter the profession, every young man who does not submit himself to the teaching of the old school, is rigidly excluded from witnessing the practice of the Hospital. The singular spectacle is exhibited of a state institution, the property alike of the whole people, located in a large city among hundreds of medical students, and a large majority of those students prohibited from entering that public institution for the purpose of preparing themselves better to discharge the responsible duties which they are about to assume. Do not these facts call loudly for legislative interposition? Is there any reason why those of the people of Ohio who believe in the Reformed system of Medicine, should be thus deprived of an equality of rights with those who prefer another system—should be insultingly told by authority—

“If you wish to study medicine in accordance with the dictates of your own reason, you shall not be permitted, like others, to enter our state institution upon the payment of similar fees, nor upon any terms whatever. If you wish to send a student to a medical college where he can learn the ample resources of the new system of practice, that student shall not be entitled like other students to witness the phenomena of disease in the Hospital, and thus become more familiar with the important duties of a physician;—he must succumb to the teachings of a certain school, or else be stamped with this mark of degradation.”

Although that Hospital was designed in every way for the public benefit, and its clinical advantages are important for the promotion of medical education—the value of which would be felt throughout the whole country—the benefits of which would accrue not only to the practitioners instructed, but to the people whose health they preserve; yet these clinical advantages, furnished by the public, are not allowed to flow with equal justice to the whole people, but arbitrarily monopolized by a few—not for their own benefit merely—not because the opportunity is not ample for all, but simply to gratify the malignant jealousy and hostility of those who enjoy this monopoly, against their professional rivals.

If the aristocratic principle of monopoly must prevail under this government in medical matters, then let the monopoly fall into the hands that are able to wield it for the public good. Let the Hospital be placed in the hands of the Faculty of the Eclectic Medical Institute, and let a superior system of Medicine and Surgery exert its beneficent influences. Let the clinical facilities, if a monopoly must exist, be taken from that College which has been unable to attract a large class, even with this advantage, and let them be given to that College which teaches doctrines in accordance with the spirit of the age; and instead of a meagre attendance of between one and two hundred, classes of three, four, or five hundred will receive the benefit of the clinical instruction.

But we ask no such monopoly or exclusive privilege. However

unworthy of its exclusive rights, the Ohio Medical College may be, in comparison with our favorite institution, we desire only that they be placed upon a footing of equality.

This claim is peculiarly urgent, in consequence of the fact that the Eclectic Medical Institute, which represents a large and respectable portion of the profession, has not received impartial justice heretofore from the state, and yet has proved itself worthy at least of equal favor with any other institution. While the Faculty of the Ohio Medical College have received from the state liberality, a collegiate edifice, library, chemical apparatus, &c., and been honored by the exclusive control and use of the Hospital, the Faculty of the Eclectic Medical Institute, without any assistance from the state, have erected their own edifice, furnished their own apparatus and library, given able and original courses of lectures, and already attracted a greater number of pupils during the past year than their rival institution, aided by the power of monopoly and assistance from the state.

This fact is sufficiently significant of the comparative merits and the claims of these schools to legislative patronage; and we respectfully submit to your honorable body, whether it would not be a magnanimous act of justice to extend to the Eclectic Medical Institute, as well as to the Ohio Medical College, such an amount of pecuniary assistance as would materially enlarge its facilities of instruction. The purchase of an extensive library and other collegiate apparatus, is usually, in this country, beyond the means of literary or scientific men; and they have generally depended upon large endowments to effect it. Such libraries and apparatus are of great public value in the hands of those whose reputation may attract a sufficient number to the shrine of learning; and as they are from their very nature, rather a public than a private benefit, it is becoming that the public should be the most liberal contributor to the fund for their purchase.

We doubt not that the energy and public spirit of the Eclectic Medical Faculty will in due time triumph over all obstacles, and place the Institute in the highest rank, as to its scientific facilities; but we ask whether the state should not cherish with a liberal spirit this and other institutions which reflect honor upon the name of the state and render it an attractive resort to the votaries of science? We believe that the Eclectic Medical Institute is destined to accomplish more for the improvement and elevation of medical science than any other collegiate institution of America, and that a library, or any other means of usefulness placed in its possession, would not be used in the spirit of an exclusive avaricious monopoly, nor allowed to decay in mouldy idleness, but would be employed in the most efficient and liberal manner, for the cultivation of true medical science.

The hospital facilities, which we ask as a matter of right for

the students of the Eclectic Medical Institute, were, until recently, supposed to have been guaranteed to them by the act of 1839, which provides "That the Trustees of the township of Cincinnati are hereby authorized, in their discretion, and whenever they may consider it advisable, to admit the Faculty of the Cincinnati College to an equal participation with the Faculty of the Medical College of Ohio, in the medical and surgical operations of the Commercial Hospital and Lunatic Asylum of Ohio, under such regulations as they may prescribe: provided, *that the students of the several medical schools, or colleges, in the state of Ohio, shall be admitted into the Commercial Hospital and Lunatic Asylum of Ohio, in said township, to witness the treatment of diseases, and such surgical operations as may be performed therein, ON EQUAL TERMS.* Provided, further, that *all medical colleges, which may avail themselves of the right of introducing pupils into the hospital, shall agree to educate one youth from each judicial district in this state, free of expense, in the same manner that the Medical College of Ohio is bound to do.* Provided, also, that all the funds arising from the sale of hospital tickets to students of the Medical College of Ohio, shall be applied in the same manner as said funds are now applied; all funds arising from the sale of tickets, to students, other than those attending the Medical College of Ohio, shall be applied by said Trustees to the support of said hospital, or in aid of any charitable object or institution within said township, as the Trustees may deem proper, and it shall be the duty of said Trustees to make to the General Assembly an annual report of the manner in which they have provided medical and surgical attendance on said hospital and asylum, together with a statement of the number of cases treated therein, the name of the diseases, and the termination of the same.

"SEC. 2. Any future Legislature may alter, amend, or repeal this act."

Under this act, the Eclectic Medical Institute having duly agreed to educate students from the different judicial districts, and having educated all who applied for the privilege, the students of that Institute applied for admission to the hospital on the same terms as the students of the Ohio Medical College, but were peremptorily refused. The recent decision of the Supreme Court upon this subject sustains the refusal and entirely destroys the possibility of claiming admission under the act of '39. That decision regards the passage above quoted, in reference to medical students, as being not a positive enactment, but merely a contingent proviso, dependent for its effect upon the preceding portion of the act, referring to the Medical Faculty of the Cincinnati College, and entirely obsolete at the present time, as that Faculty is not in existence to participate in the supervision of the hospital.

It is much to be regretted that this just and equitable proviso

should have been so introduced as to be liable to this construction of contingency, and to be thus virtually nullified by this decision. Among other evil consequences of this construction of the law, it enables the Faculty not only to continue their arbitrary and unwarrantable proscription against those who will not succumb to their opinions, but also *to operate with equal efficiency against the public welfare*, as regards the hospital and other objects of charitable interest. By a clause of the act, now set aside, the proceeds of all hospital tickets for students not of the Ohio Medical College, were to be appropriated to the support of the hospital or some other charitable object, to be selected by the Trustees of the township. Now, as there have been about three hundred medical students in Cincinnati during the last twelve months, exclusive of those of the Ohio Medical College, a hospital ticket being taken and paid for by each would have produced the sum of fifteen hundred dollars. The idea of depriving the poor of the amount of fifteen hundred dollars per annum, to gratify professional pique and hostility, might, we suppose, have produced a different line of action in men laying any claims to the liberal and benevolent character which should belong to the profession of medicine.

This fact shows plainly that professional bigotry and intolerance are by no means scrupulous in the means they employ against professional rivalry. Under the pretence of sustaining the dignity and honor of the profession, they convert a public state institution into a miserably contracted monopoly, for the pecuniary benefit of half a dozen individuals—THEMSELVES. Under pretence of diffusing medical knowledge, and promoting the public welfare in medical education, they contemptuously exclude a large majority of all the students of the city from an important opportunity of clinical instruction, and thus do all they can to diminish their medical qualifications. While professing to teach sound medical doctrines in the most learned manner, they labor to exclude from their lectures every hearer who stands as a medical student in an independent position, and also to prevent those who hear their own lectures from hearing any different instruction which might awaken a different train of thought. While professing benevolent principles and sound ethical instruction, they labor to produce an implacable jealousy, contempt, and hostility between their own followers and those of different opinions; and, finally, while professing philanthropic views in their relations to the hospital, they are *quietly robbing that institution and the cause of benevolence* of a thousand or more dollars annually, by the indulgence of the most unbecoming selfish illiberality towards those who do not bow down to their arbitrary dicta,* scornfully forbidding their attendance, and

* A remarkable illustration of this proscriptive and dictatorial spirit occurred a few years since. A graduate of the Ohio Medical College, of unquestionable moral character, had been accustomed since his graduation, in accordance with the wishes expressed by the

rejecting the large sums which they would have paid to the hospital or to some other form of charity.

Corrupt and selfish arrangements like these would be worthy of the irresponsible corporations and rotten borough constituencies of an oligarchical government, but surely they are strangely out of place under *this government*, and demand a speedy and radical reform.

We ask then in the name of science, of justice, and of freedom, that these exclusive monopolized privileges be abolished—that all students be entitled to admission on equal terms to the Cincinnati Hospital, and that the fees arising from their attendance be appropriated to the benefit of the schools to which they belong. We ask that the Faculty of the Eclectic Medical Institute be admitted to the medical supervision of the Commercial Hospital on terms of equality with the Faculty of Ohio Medical College, either by attending upon separate wards at the same period, or by exercising an alternating jurisdiction, and that an authentic record be kept of the cases admitted and treated by the different Faculties, which will show the history of each case, and the comparative merits of the two systems of practice. We ask this, in order to show which of the two systems is accompanied by the greatest amount of quackery or false pretensions, and which presents the most satisfactory results.

The honorable emulation excited by such a rivalry as this could not fail to be exceedingly beneficial to the patients treated, even if the new system presented no evidences of superiority. We are well aware that men in office, who enjoy a close monopoly, undisturbed by the bracing air of competition, generally become negligent and indifferent to the faithful energetic performance of their duties; and as we have certainly no reason to think the faculty of the Ohio Medical College exempt from the usual infirmities of human nature, or actuated by higher motives than we observe in the facts already mentioned, we may be permitted to suggest that we can imagine no measure better calculated to secure the faithful performance of their duties, and to induce those gentlemen to change their zeal for ultra and obsolete theories into a zeal for practical good, than the course of open competition in the hospital practice, with skilful and practical men from another institution.

By allowing the patients a free choice between the different

Faculty, to matriculate in that institution, and occasionally attend its lectures, as is usually done in similar institutions by their graduates. This gentleman, however, having an independent mind, and having satisfied himself that the doctrines taught in the College were erroneous, could not conscientiously follow those doctrines in his practice, but deviated therefrom very materially, preferring botanic medicines in all cases to the mercurial, antimonial, and other treatment of the Old school. For this and other heresies in his medical faith, he was at length called to account by the Faculty and *expelled from the College*, for no other offence whatever than thinking for himself and following his own convictions of the truth in medical practice. Thus we perceive that no one who deviates materially from the opinions of that school, will be allowed to enter the College, hospital, or library, (all of which belong to the state,) even if he be a graduate of the school, who has a legal right of admission, and has paid for his ticket, as was the case in this instance.

methods of treatment, and between the Faculties of the two schools, (to which they are justly entitled,) we shall not only consult their rights and interests, but furnish a powerful incentive to their medical attendants, and a ready index to the practical merits of their physicians.

To this course, which is demanded by impartial justice, and by the public interests, we perceive no valid objection. The claim set up in behalf of the Faculty of the Ohio Medical College, of having earned their privileges by their labors—of having, by a long course of medical attendance, rendered important services, which entitle them to look for certain privileges as a just recompense, is altogether too shallow a deception to impose upon any one acquainted with the facts. Even if there were any truth in such a claim, the present Faculty of that College are not entitled to its benefits. They were not the originators of that institution—it was not their fostering care which accompanied its growth. They have been introduced at a comparatively recent period into a state institution—to their own great advantage and in their relation to the state, they have received obligations alone—they have conferred none. The supervision of the hospital, with the privilege of clinical instruction, has not been a favor or service rendered by them—it was, in reality, *a favor conferred upon them* by the state, giving them facilities for clinical instruction which have constituted the principal attraction of their school. If not a favor, they would not have been so eager to procure a monopoly of the position and its duties. If at any time they deem this position and these duties too arduous, and the reward inadequate, they have but to vacate their posts, and there will be no difficulty in finding others, at least equally competent, who will accept the clinical opportunities of the hospital as a sufficient recompense for the labor of its medical supervision.

Setting aside this deceptive pretence, which is notoriously untrue, the Faculty have no claim whatever upon the hospital, (which has served to bolster up their professional reputation,) other than the claim of all old incumbents of honorable offices to an undisturbed possession of office, because it is exceedingly comfortable and convenient for them to continue in place, and exceedingly inconvenient to recognize the principle of rotation in office.

Another reason equally deceptive has been adduced for the continuance of this monopoly. The idea has been given forth that it would be impracticable, or at least injudicious, to permit students attending rival institutions to enter the hospital upon an equal footing, and receive instruction together, on account of the discord and difficulty likely to be produced by their association. If there is any truth at all in this suggestion, it is but a striking illustration of the old classic fable of the wolf and the lamb. The monopolizing Faculty, who are now partly supported by the state, assume an at-

titude of hostility and jealousy toward their rivals. They occupy the hospital; and although there is room enough for all, they refuse the slightest accommodation, and declare that the vacant benches shall continue vacant, and the funds of the hospital continue to be impoverished, rather than allow their rivals of the same profession to enter and occupy the vacant seats. Thus, like the dog in the manger, who would neither eat nor allow another to approach, they neither fill the places and supply the funds of the institution, nor allow it to be done by others. And while occupying this peculiar attitude, they *virtually* exclaim, "Our rivals shall not enter if we can possibly keep them out; but if they should be admitted by the justice of the legislature, we give all parties due notice, that we shall raise such a quarrel and riot as will break up the whole concern, unless our rivals are excluded."

The impudence of such a threat against legislative interposition cannot be too much admired; that such is really their meaning is but too obvious. There are no reasons whatever for supposing that the students or Faculty of the Eclectic Medical Institute would either engage in or countenance any species of disturbance of peace and harmony. The calm and patient manner in which they have submitted to the overbearing pretensions and language of their rivals, the general courtesy and liberality which they have shown, and the fact that they have met the restrictive, illiberal regulations of the Old school by a very marked display of liberality towards all classes, indicate plainly enough that there can be no collision provoked by them. The students of the Institute have always been taught by their professors, both by precept and example, to preserve the most courteous bearing towards all, and not to condemn or discountenance any individual, simply for difference of medical opinions. Gentlemen actuated by such principles, will not be led into wanton contests with their companions; nor is it at all probable, that while they are seeking to sustain their claims to a place in the hospital, either the Faculty or students would tolerate any course of action likely to compromise their common right.

The danger of misconduct and discord, arising from a difference of opinions entertained in the two institutions, of which so much has been said, is in reality one of those devices of the fancy which common usage has marked by the expressive word "*humbug*." The same powers which are adequate to preserve order at present, would be adequate for ten times the number. The Trustees of the township and the medical Faculty have no difficulty in regulating the classes now in attendance. The excellent moral character and quiet deportment of the classes which have hitherto attended the Eclectic Medical Institute, prove that their presence would produce no additional difficulty. But no matter of what materials the classes might be composed, the power of regulating their deportment by suitable bye-laws, and positively excluding those who were

in any way disorderly, would be an effectual check in any whatever, in addition to the restraining power of the two co over their own pupils.

The true source of this opposition to the admixture of stu may be found in another cause. The general spirit of the colleges is different. The Eclectic Faculty invite all of wha opinions to hear their lectures, and extend the usual profess courtesy to their visitors. They tolerate difference of opi and condemn no class of *intelligent* practitioners for such d ence: difference of doctrines is not with them synonymous *quackery*. The Old school Faculty endeavor to exclude their lectures those whose opinions are marked by too much li alism, or who are willing to pay respect to the Eclectic Faci They labor to establish an absolute non-intercourse between t own party and their opponents, as if liberal ideas were as co gious as the small-pox, and required a rigid quarantine to pre their introduction. They denounce differences of doctrine in r tion to medical practice as arrant quackery, and maintain quacks should be treated with the most sovereign contempt. while they misrepresent their opponents, they would fain dest every opportunity for the free examination of the matters in disp

It is no wonder, then, that they should object to that free in course of the Old school and New school classes, which wo give them a correct mutual understanding, and a more friendly p sonal feeling—which would tend to remove the delusions impar by their teachers—which would show that the new system v not merely a meagre store of a few vegetable medicines, and tl the great body of medical science is necessarily the same in medical colleges—that the various branches, Anatomy, Physiolog Chemistry, Medical Botany, Materia Medica and Pharmacy, P thology and Practice, Surgery and Obstetrics, were taught at lea as thoroughly in the New school, and by as able a Faculty, as that the most striking difference existed in the fact that the latt institution imparted not only different views of the philosophy ar practice of medicine, but also a considerable amount of valuab knowledge, which could not be obtained in the Old school. The would of course dislike to see their system of exclusiveness th overthrown, and to see the jealousy and scorn which they inculca superseded by sentiments of respect and a knowledge of the truth

The apprehension of personal discord and collision was naturall suggested to their minds by the knowledge that their own cours was well calculated to produce such effects—that the feelings o scorn and hostility which they have nourished and promoted woul naturally tend to discord, if their own influence were sufficient, and if met by similar feelings in their opponents. But this apprehension, in their minds, yields to a much more serious apprehension that all such feelings of exclusiveness would be destroyed by

the opportunities of mutual intelligence and respect, afforded by a common course of clinical instruction.

Doubtless every additional objection which prejudice or ingenuity can suggest, will be used upon this subject, to defeat the plainest principles of justice, and to sustain the degrading distinctions which have been made between the the different portions of the medical profession. What these assertions may be, we cannot definitely anticipate; but if they refer to the relative merits of the two schools, and the two systems of medicine, we would for the former refer to the relative size of their classes, and the sentiments which those classes entertain in reference to their professors; for the latter we refer to general experience, and also ask a definitive test, in the form of a hospital record of the progress and result of cases treated on each of the two systems.

In conclusion, we hope that your honorable body will, in these matters, enforce impartial justice, and thus promote the interests of the hospital and of its patients, of medical students, of the medical profession at large, and of the entire population of the state, a large portion of whom feel in this matter a lively interest, and anxious desire for the adoption of the measures which we ask.

T. V. MORROW, M. D., *President.*

DAVID JORDAN, M. D. (Ohio),	} <i>Vice Pres'ts.</i>
S. H. CHASE, M. D. (Indiana),	
E. W. BALDRIDGE, M. D. (Ohio),	
J. S. ORMSBY, M. D. (Pennsylvania),	
A. KENDALL, M. D. (Louisiana),	
J. KING, M. D.,	} <i>Secretaries.</i>
L. E. JONES, M. D.	

From the Cincinnati Daily Times, May 22, 1848.

IMPORTANT DECISION—OUR MEDICAL COLLEGES AND HOSPITAL.

An important case was decided by the Supreme Court on Saturday (Judges Hitchcock and Reed upon the bench,) involving the rights of Medical Students and Colleges, in reference to the Cincinnati Commercial Hospital, and also the rights of the public to certain revenues for benevolent purposes.

It appears, that by an act of the Ohio Legislature, passed in 1839, the Trustees of the township were authorized to admit the Medical Faculty of the Cincinnati College to the Commercial Hospital, and also by a proviso of the same act, all Medical Students in the state attending other Medical Colleges were authorized

to enter the Hospital upon an equal footing, for the purpose of witnessing the Medical and Surgical illustrations presented before the class by the professor for their instruction. Under this law, the Trustees having a discretionary power, have not thought proper to admit any other Faculty than that of the Ohio Medical College, to participation in the supervision of the Hospital. That clause, however, which entitles Medical Students generally to an equal admission, does not give to the Board any discretionary power, but says "that the Students of the several Medical Schools or Colleges in the state of Ohio, shall be admitted into the Commercial Hospital and Lunatic Asylum of Ohio, in said township, to witness the treatment of diseases and such surgical operations as may be performed therein, *on equal terms*; provided, further, that all Medical Colleges which may avail themselves of the right of introducing pupils into the Hospital, shall agree to educate one youth from each judicial district in this state, free of expense, in the same manner that the Medical College of Ohio is bound to do."

Under this law, the Students of the Eclectic Medical Institute claim the right of admission to the Hospital upon the same terms as to fees, &c., as the Students of the Old School. The Institute has been in prosperous operation for three years—has taken a leading rank in the city; and has fully complied with the law, by announcing in all its circulars, the opportunity of gratuitous education which it has offered, and which has been accepted by quite a number of young men.

This claim, however, has been rejected by the Medical College of Ohio, on the ground that it was designed by the Legislature to give the Faculty and Students of that School an exclusive monopoly of the advantages of the Hospital, and that the law extending its advantages to the students of other schools being in the form of a proviso, must be considered entirely contingent, depending for its effect upon the entrance of the Faculty of the Cincinnati College as Hospital physicians, and, consequently, is entirely null at present, as that Faculty is not now in existence.

This position was sustained by the decision of the Court delivered by Judge Hitchcock, thereby confirming the monopoly of the Old School. We do not pretend to decide this point of law, but in order to present the matter fairly, we annex the statute which has been thus construed, that our readers may form their own opinions. It will be perceived by the latter portion of the act, that the public welfare is materially injured by this decision. The funds arising from the sale of tickets to the students, whom the Old School excludes, are to be applied to benevolent purposes, or to the support of the Hospital. The money is now lost to the cause of humanity by the exclusiveness of the Old School. The number of students attending the winter and spring sessions of the Eclectic Medical Institute, amounts to about two hundred and twenty—the Hospital

ticket being five dollars, we perceive that if each of these students took the ticket, the sum would amount to eleven hundred dollars for the past twelve months; and according to reasonable calculations of the increase of the school, might soon amount to two or three thousand dollars per annum, without including other medical schools in the calculation, which would furnish a considerable addition to the aggregate amount. We would simply ask, is it right that the public should be deprived of this large revenue for charitable purposes, merely to gratify the exclusiveness of the old Medical College, and assist in displaying its hostility against a successful rival institution?

AN ACT in relation to the medical and surgical supervision of Commercial Hospital and Lunatic Asylum of Ohio.

SEC. 1. Be it enacted, &c., That the Trustees of the township of Cincinnati are hereby authorized, in their discretion, and whenever they may consider it advisable, to admit the Faculty of the Cincinnati College to an equal participation with the Faculty of the Medical College of Ohio in the medical and surgical supervision of the Commercial Hospital and Lunatic Asylum of Ohio, under such regulations as they may prescribe, *Provided*, That the students of the several medical schools or colleges within the state of Ohio shall be admitted into the Commercial Hospital and Lunatic Asylum, in said township, to witness the treatment of diseases and such surgical operations as may be performed therein: *Provided*, further, that all medical colleges which may avail themselves of the right of introducing pupils into the hospital, shall agree to educate one youth from each judicial district in this state, free of expense, in the same manner that the Medical College of Ohio is bound to do: *Provided*, also, that all the funds arising from the sale of hospital tickets to students of the Medical College of Ohio shall be applied in the same manner as said funds are now applied; all funds arising from this sale of tickets to students other than those attending the Medical College of Ohio, shall be applied by said Trustees to the support of said hospital, or in aid of any charitable object or institution within said township, as the Trustees may deem proper, and it shall be the duty of said Trustees to make to the General Assembly an annual report of the manner in which they have provided medical and surgical attendance on said hospital and asylum, together with a statement of the number of cases treated therein, the name of the diseases, and the termination of the same.

SEC. 2. Any future Legislature may alter, amend, or repeal this Act.

PRESENT STATE OF THE PROFESSION.

Messrs. Editors:

I HAVE been travelling for the last four months in the states of Ohio, Indiana, and Illinois, and have endeavored to note, with as much exactness as I was capable of, the general state of progress in the medical profession, and the varied success which has seemed to attend them. I have met some of almost every sect in the medical fraternity—Allopathic, Eclectic, Botanic, Uroscopians, Hydropathians, Homœopaths, &c., &c. Of what are called the “regular” or “Old school” physicians, I think not more than one-half have ever attended a course of lectures, and not more than one in ten or fifteen is a graduate. A great many of these are laying aside the lancet and mercury for rare occasions, and report progress in medical skill in proportion as they lay aside their old “blood and thunder” theories, and conform their practice to the plain and simple indications of nature. Of those properly Eclectic, nearly all I saw in the states of Indiana and Illinois are graduates of some respectable medical college. But I regret to say that I found more practicing physicians of this school in Ohio who have not attended lectures, than in any other part of my travels. I have uniformly urged upon them (what they all feel and admit) the necessity of being more thoroughly acquainted with anatomy and surgery—in short, that they ought to enjoy the benefits (which they could not find elsewhere) of a thorough course at the Eclectic Institute at Cincinnati. Though many of them are excellent practitioners, they will always feel embarrassed without a more thorough knowledge of anatomy. This entire class of Eclectic practitioners, whether highly scientific or not, are regarded as “irregular” by the “Old school.” However, this is a small matter, as they are generally well sustained, and stand fair as intelligent and scientific men. I have seen many places where Eclectic practitioners are needed, and would be well sustained. The cause is rapidly advancing, and it is not difficult to predict the result, if the friends of medical reform and progress are true to their principles.

There is another class, known by the general name of “Botanic” physicians, many of them popular and successful in practice. Of these, I think the most scientific are those who have attended the “Botanico Medical Institute,” at Cincinnati. Others again, having read Thomson’s, Howard’s, and some other works of this class, are proving, beyond the shadow of a doubt, the superiority of the Botanic practice, even in its most crude and undigested state, over the old depleting and calomelizing practice.

Of the Uroscopians, who are becoming quite numerous, and who, I believe, are the pupils, in most cases, of Dr. Legarden, of

Laporte, Indiana, I can say but little, not having extensively formed their acquaintance. I may remark, however, that some of the most popular and successful practitioners I have met with, use that system as furnishing the most safe and satisfactory diagnosis of any with which they are acquainted. It is easy to cry "humbug" and "quackery," but they are "humbugging" many very intelligent people, and themselves too, into a most successful and lucrative practice.

Among all classes, especially the Eclectic, Hydropathy is gaining popular favor. As to Mr. Homœopathy, I cannot speak from any personal knowledge. His size is said to be very diminutive, and I understand he is a great favorite with the *ladies*, and is frequently seen in the parlor and drawing room: all agree that he seems to have no disposition to do friends or foes any harm, and is universally regarded as a *very* sweet little *creature*.

It is too evident to be disputed, that there is felt a necessity for a general reform in the practice of Medicine, adapting it more fully to the demands of Nature. The aching bones and distorted countenances of suffering thousands, bear a burning testimony to the dreadful havoc the use of mercury is making of the fine forms of our race. Only a few days since I saw a sprightly boy of fourteen, with a shockingly distorted face, from the effects of calomel. And what, think you, was the reason assigned for this horrid work? O, the "boy did n't swallow it quick enough!" and this is all the satisfaction an afflicted *mother* is to have, whose *son* is to carry through life this horrid distortion. The same day I saw another most afflicting instance of the effects of calomel. The daughter of a physician, a girl of six years of age, took calomel—lost all her teeth—the second set came in; and now, at the tender age of thirteen, her teeth are all decayed and broken off even with the gums.

But does any one ask what we would *substitute* for *calomel*? I answer, we want no substitute. We want only those remedies which are in harmony with the laws of our being. The fact stands out undeniably, that the Eclectic practice has almost infinite advantage over the old Allopathic practice, as thousands are now proving. Almost every day I meet old chronic cases, given up to die, made "every whit whole" by this practice.

It is important that the supply of able and efficient Eclectic practitioners should be equal to the increasing demand; and I would suggest that it be made a point of interest and importance, that every well-read practitioner have reading with him one or two young men of good abilities and literary attainments, and thus furnish to the Medical Institute at Cincinnati, a large number of students of good literary and scientific character. If each graduate would send one student annually, the college would be full to overflowing. So far as I have been able to learn, all looks bright and

encouraging—the past is a good hint to the future. Success to you I say.

Yours for Reform, Progress, and Eclecticism.

OBSERVER.

IMPORTANT REMEDIES.

BY J. KING, M. D.

Messrs. Editors:

IN the April number, 1846, volume v, page 175, of the last series of your invaluable Journal, I directed the attention of Eclectic practitioners to the usefulness of employing the concentrated or active principles of medicinal plants, in preference to the usual mode of administering the crude articles in bulk with all their woody fibre and other inert principles, by which means disease can be combatted more energetically and effectually, and a great objection to our practice be entirely removed, viz: the large and disagreeable doses in general use. Since the communication above referred to, I have been pleased to learn that efforts have been made, and are still progressing, both in the preparing and testing the active constituents of our most valuable agents. The articles on Podophyllin and Macrotin, in the January number of the present New Series, I consider of vast practical importance to the practitioner; and I cannot refrain from again alluding to the remedies and some of the forms in which I have employed them.

In the fall of the year 1835, I procured, for the first time, some resin of Podophyllum, Macrotys, Iris, and Aletris, also the dried Hydro-alcoholic extracts of Leptandria and Hydrastis. In obtaining the resin of Podophyllum, I made a saturated tincture of the root, which was placed into an equal quantity of water, and the alcohol distilled off; the resin remained at the bottom of the vessel, and had the appearance of a burnt substance, which led me to imagine that it had probably become injured by the mode adopted for its collection.

A young lady who was present at the time, and heard my observations concerning it, placed twelve or fifteen grains of it on a small piece of paper, and saying that she needed a dose of medicine, inquired if she might take that quantity. Supposing it inert, I answered affirmatively. In an hour or two after taking it, she was attacked with excessive vomiting and hypercatharsis, which continued for three or four hours before I was notified of it. I found her in severe pain and distress, vomiting and purging, cramps in the stomach and extremities, weak, small pulse, coldness of the

extremities, and nearly every symptom usual to Asiatic cholera;—she was sinking rapidly.

As the treatment of this case is published in the July number, 1844, of the N. Y. Philosophical Medical Journal, I will briefly state that mustard to the wrists and ankles, a solution of bi-carb. potas., often repeated, fomentations to the stomach and bowels, and diaphoretic powders, effected a cure, although the patient has since that time labored under some chronic affection of the stomach. This was my introduction to Podophyllin, and it was a long time before I ventured to employ it again; however, I conquered my prejudices, and have found it one of our best remedial agents, as a cathartic, emeto-cathartic, alterative and hepatic, and decidedly beneficial in gonorrhœa, stricture, recent disease of the prostate, &c.

The Podophyllin, as now prepared by Mr. Merrill, is more refined than that I have been in the habit of making, and the dose is from two to four grains, which will generally produce an emeto-cathartic result; yet as a matter of economy, it will be found that if ten grains be well triturated with twenty grains of sugar of milk, it will make ten or fifteen active doses. R. S. Newton, M. D., substitutes loaf sugar for that of milk.

The resin of *Iris Versicolor*, or Iridin, will be found to contain many properties similar to the Podophyllin, without much of the nauseating and disagreeable effects of this last, and may be used in the same class of disease. I prefer it to the Pod. in dropsical affections, and in cases accompanied with dropsical swellings. As anti-periodic agents, I can say nothing, never having employed them, or observed their action as such. In those obstinate cases of scrofula, and other glandular diseases, where our most powerful agents seem to exert no influence whatever upon the disease, I have found salivation to produce that degree of action upon the glandular system, that by merely its addition to the treatment, I have often cured such maladies by the same remedies which the patient had previously been taking for a long time without the least degree of benefit.

But there is a wide difference between the irritating, poisonous, and often uncontrollable salivation produced by mercury, and the mild, harmless, and readily-controlled salivation of medicinal plants, which do not manifest their salivant result until they have roused the whole glandular system to a condition rendering useful the action of our eutrophic treatment. I know of no better sialagogue than a mixture composed of equal parts of Podophyllin, Iridin, and the dried Hydro-alcoholic extract of *Xanthoxylum Frax*; of which half-grain doses must be given and repeated every two or three hours. I recommend this as an officinal eclectic formula for all cases where salivation is deemed necessary; also as an unrivalled alterative in many forms of chronic disease.

Prof. Tully called my attention to the resin of *Macrotys* in 1835,

which I obtained in the same manner as for the *Podophyllum*. I have used it with most excellent, and I may say extraordinary results in scrofula, many forms of cutaneous disease, paralysis, enlarged spleen, chorea, rheumatism, &c. In some of these diseases I employ it in conjunction with a saturated tincture of *nux vomica*, two to four drops, three times a day, in a cup of sweetened water. In the treatment of phthisis pulmonalis, I believe the *Macrotin* will be found an indispensable agent, knowing as I do the value of the saturated tincture of the root in that disease, as well as in *rhinorrhoea*. In uterine diseases I have given a mixture of equal parts of the *macrotin* and resin of *aletris* (*aletrin*, I suppose,) and this combination far preferable to either article alone. In some indolent habits the addition of the *Podophyllum* will be found to increase its efficacy. The action of all these articles, as with *podophyllum*, will be very energetic in smaller doses than usual, thoroughly triturated with sugar of milk, or loaf sugar, to which fact I especially desire to invite the attention of Eclectic physicians, as it is a point of no small importance to them.

As the action of the concentrated principles of our remedies now undergoing investigation, I would refer to my communication named in the commencement of this, for a list of articles worthy of immediate notice, and will mention several which I have made and used, as particularly deserving the confidence of physicians: dried hydro-alcoholic extracts of *Baptisia Tinctoria*, *Euphorbia*, *Ipecac.*, *Hydrastis Can.*, *Phytolacca Dec.*, *Cornus Sericea*, *Rumex crispus*, and *Apocynum Cannabinum*.

ON THE USE OF SOLUTION OF CAUSTIC POTASH IN RELIEVING STRANGURY. *By R. Mulock, M. D.*—In three cases of strangury caused by blistering with cantharides, I found the solution of caustic potash a perfect remedy. Two of the cases were head affections, where opium was inadmissible. Thirty drops, given in half a wine-glass of water every hour, gave relief before the third dose was exhibited. What led me to the use of this preparation, was its known effects in relieving irritation of the bladder in other cases; and also its efficacy in relieving the stings of wasps or bees, when applied to the skin. I considered that it might also relieve the acrid principle of the cantharides. Indeed, from its effects, it would probably be a remedy for an overdose of that medicine, if given in proper time. In looking over the various works on irritative poisons, I find no antidote to the poison of cantharides, and I mention this now that further trial may be made of its effects in giving relief.—*Dub. Jour. Med. Sci.*

Part 2.---Selections.

LETTER III.—Gentlemen,—In my last letter I remarked generally, yet briefly, upon the history, character, and symptomatic features of cholera. In the present letter I propose to treat of the means of cure. Before entering upon this subject, however, it is necessary, in a medical point of view, that I speak of the prognosis of the disease, and of the various forms in which it presents itself.

As the prognosis in cholera, I would briefly state it to be—

Favorable Symptoms.—The disease commencing with cramps of the voluntary muscles; heat of skin at or above the natural standard; pulse soft, full, and strong; little thirst; bilious vomiting and purging.

Unfavorable Symptoms.—No pain nor cramps at the beginning; pulse small and feeble; heat of skin below the natural temperature; tongue a pale white, clammy, flowing with saliva, cold, relaxed, and broad, having apparently lost all contractile power, no secretion of urine; serous and watery purging, and vomiting, and no smell emitted from the discharges.

Disposing of the prognosis thus briefly, I proceed to observe that the disease presents itself in four distinct degrees of malignity, which it is necessary for me to describe, as information on this subject is an essential preliminary to a judicious use and properly modified adaptation of general rules of treatment. I shall take these up in the order of their malignity.

1. In the least dangerous form of the disease the attack commences with spasms of the stomach, bowels, and voluntary muscles; heat of the body at the natural temperature, with a strong, full pulse, and slight retching or vomiting, unaccompanied by purging.

2. The next in point of danger is, when the disease begins with pain in the stomach, less or more severe; oppression about the præcordium, headache, numbness of the extremities, with a prickling sensation over the skin, succeeded by purging and vomiting, or vomiting and purging—in some cases, of bilious matter; in others, of a whitish-colored fluid.

3. A more dangerous form of the disease than either of the preceding commences with violent pain of the stomach, increased on pressure; intense pain across the forehead, and in the eyeballs; flushed face; pulse quick, hard, and bounding; a painful sensation felt over every part of the body, similar to that experienced at the

beginning of fever; heat of skin increased to a morbid degree; tongue exceedingly white, deeply coated, and furrowed; intense thirst, with deadly sickness at the stomach; vomiting and purging—first of the natural contents, after which the fluid matter discharged from the bowels is of a greyish white color, granulated, and mixed with particles resembling powdered ochre, and emitting a peculiar intolerably fetid odor, exceeding any thing of the kind observed in almost any other disease.

Though this is not the most rapidly fatal form of the disease, still it is fraught with great danger, requiring prompt and active treatment, and the recovery may be more tedious than even where the disease has assumed the most malignant type.

4. In the last and most malignant form of the disease, the attack comes on with giddiness of the head, ringing of the ears, and purging—first of the natural contents, then of a fluid resembling thin mucilage or barley water; pulse small and feeble; heat of skin below the natural temperature; without any vomiting, pain, or cramps. Here there is the greatest danger, and, if the disease be not instantly checked, the patient may go down into collapse in less than half an hour.

Upon this form of the disease I would observe, that the most rapidly fatal attacks in cholera commence without any vomiting, pain, or cramps, or previous warning whatever; and while, under all circumstances, under all more or less severe attacks of the disease, the earliest recourse ought to be had to remedial means, I wish to impress the importance of being specially prompt when the disease begins in this its most malignant and most insidious form, in which a delay of a very short period might be attended with fatal results. I have seen much of the fatal consequences of an error of opinion in this respect, the patient imagining that it could not be cholera with which he was affected, because he had no vomiting, or pain, or cramps, when, in point of fact, it was the most fatal form of the disease, and when the vomiting and cramps did come on, they were only the fearful harbingers of collapse and death.

In the most malignant form of the disease, the first discharges always take place from the bowels, and the patient does not vomit till the disease has carried him into hopeless collapse, or till he is, at least, verging on that stage. A knowledge of this fact cannot be too strongly impressed on the minds of the public. As far as my recollection serves me, all the cases of hopeless collapse to which I have ever been called, during my experience, were of persons who assured me that they had applied at the moment when the vomiting commenced, and that, in the absence of that symptom, they had attributed the previous purging to some other cause than cholera. I would observe, that the danger in every case

bears a proportion to the rapidity and amount of the discharges from the bowels.

Having thus disposed of much preliminary matter, I now proceed to specify the proper remedies to be employed in the treatment of cholera; and to state, from the nature of the disease, a malignant case of it could not be cured by any other means.

It has been already explained that the primary cause of the morbid action in cholera is a specific injury inflicted on the brain and nerves, which paralyzes their tone and energy, and gives rise to a train of symptoms which result in the escape of the serous or watery part from the blood, and that such serous fluid passes off in the discharges from the stomach and bowels.

The indications of cure are to restore the tone and energy of the brain, and to prevent a further escape of serum; and not only so, but to restore to the blood whatever amount of its natural fluidity it may have lost by the previous escape of the serous fluid; and lastly, to re-establish in their healthy action all the natural functions which may have been suspended during the attack.

Now, the remedies which I shall place before the reader furnish ample means to accomplish all the objects demanded in all these several indications of cure; and, if promptly and skilfully handled, enable the medical practitioner to set at defiance all the assaults of this hitherto fell destroyer.

These remedies I would briefly state to be—*The Horizontal posture of the Body—Opium—Cordial Stimulants—Perspiration*,—the latter to be produced by the application of external heat, and to be continued by the same means, while mild, warm diluting drink is to be freely administered, to furnish an abundant supply of suitable fluid to the absorbent vessels which have been, first, excited to vigorous action by the perspiration.

Upon these several remedies, as means of cure, I shall make some general remarks, describing their mode of action, and their fitness for the exigencies of the disease, and showing how they fully and efficiently meet all the requirements of cure. This I shall do before prescribing in detail the manner in which they are to be used in the treatment of the disease.

Such a course will, I conceive, be attended with advantages. When I come to direct the proper mode of treatment, the reader, who shall have brought my observations along with him, will be prepared, not only to see the adaptation of the means of cure I shall prescribe, but will almost be able to anticipate me in this matter. I thus hope to carry his understanding and conviction along with me. I shall take up the remedies severally. First:

The Horizontal Posture of the Body.—All who have read attentively the observations in my second letter on the symptoms, and the reason and cause of the symptoms in cholera, will at once perceive the necessity for immediately placing a patient affected

with the disease, or even with its premonitory symptoms, in the horizontal posture. I explained that the primary loss of the tone and energy of the brain in that disease, immediately leads to a loss of power in the circulating vessels—that this diminution of the circulating power leads to a further loss of the tone and energy of the brain, and consequently to the increased paralyzation of the resisting power of the vessels to which the fluids in the progress of the disease determine, and through which they make their escape.

The advantage of the horizontal posture is, that it aids the weak circulating power, and favors the more forcible influx of the blood into the brain, affording to that organ more efficient bracing and support, and thus contributing to the restoration of its tone and energy. That such is the effect of placing the body in the horizontal posture, when the circulating power is weak, is every day exemplified in the relief afforded by this means to persons fainting from weakness by loss of blood, or other causes. When the individual who has fainted is placed in the horizontal posture, so as to favor the influx of the blood into the head, the brain immediately regains its tone and energy, and resumes its healthy functions.

Further, the horizontal posture aids in arresting the escape of the serous fluids into the stomach and bowels. By improving the tone of the brain, it increases the resisting power of the vessels through which the serous fluid escapes, and it relieves the discharging vessels from the great superincumbent pressure they would have to sustain in the erect posture.

The effect of posture in increasing or diminishing the pressure on the circulating vessels is familiarly exemplified in the swelling of the lower extremities from long standing, and in the remedial effect of elevating those extremities, either to a level with, or slightly above the level of the body.

Thus much will suffice to illustrate the advantage of confining the patient to the horizontal posture in this disease.

Opium is the next remedial agent which claims our notice; and amongst the few remedies which are really necessary in the treatment of cholera, this one holds a most important place. Taken internally, opium increases the energy of the brain; contracts, in a remarkable degree, the diameter of the circulating vessels, which include, let it be observed, the excretory ducts through which the serum in this disease escapes, and diminishes all the secretions and excretions, except the cuticular discharge which it increases; in all these several respects being most precisely adapted to the requirements of cure in this disease—in all these respects being severally fitted for restoring the tone and energy of the brain, for resisting the determination of the fluids to the internal surfaces, and for counteracting the effects of the vascular depletion, which is sometimes so excessive; and these are precisely the objects upon the accomplishment of which the cure chiefly depends. And

these objects, opium, in conjunction with the other remedies I prescribe, more especially perspiration, will effectually accomplish.

I wish it, however, to be particularly understood, that the success of this remedy depends upon its being administered in sufficient quantity; and the amount of the dose required in each particular case depends entirely upon the malignancy of the symptoms, &c., that is, upon the extent of the nervous prostration, the rapidity with which the serous fluid seems to escape, and the extent to which the vascular depletion may have gone. To this fact I would again solicit the most pointed attention, as it was from inattention to these truths that the fatal results of the general, and, I may say, universal, practice in that disease arose.

I have elsewhere stated that the effect produced on the brain and nervous system in cholera, by the escape of the serous fluid from the body, is precisely similar to that which is caused by the loss of blood. Now, in case of persons sinking from loss of blood, opium, as is well known to the profession, is one of the most valuable medicines we possess for restoring and supporting the *vis vitæ*. In uterine hæmorrhages, for instance, no person, unless he had actually witnessed it, could have any idea of the quantity of opium a patient not only can bear, but requires, when the loss of blood has been extensive. But not only in vascular depletions, but also in certain affections of the nervous system, are large doses of opium not only safe, but necessary. In tetanus, (lock-jaw,) for instance, enormous doses of that medicine may be taken with safety and advantage. A case is recorded, in which a patient, affected with this disease, took two fluid ounces of the tincture of opium without experiencing any narcotic effects from it, and was cured by the dose. I prescribe, therefore, large doses of opium in cholera, not merely from the excessive vascular depletion that accompanies the disease, but also from the great nervous depression which is always present.

I would again repeat, that the amount of the dose necessary will depend entirely upon the malignancy of the symptoms. For illustration, (to confine ourselves to the vascular depletion,) it must be evident that the specific effect of opium, which, in part, is to contract the diameter of the vessels of the body, and lessen their containing capacity, and thereby to afford a fuller and more forcible supply of blood to the head, and which would be injurious in a plethoric state of the vascular system, would be proportionably salutary in a depleted state of that system. It is equally evident, that the greater the depletion be, the larger will be the dose of the medicine required to produce a given effect. Two grains of opium would produce a greater effect on the nervous system, in the ordinary state of the vessels, than even ten grains where the vascular depletion has been such as to endanger life.

Had the profession borne these facts in mind, and noted the

nature of the morbid action, in cholera, they must have, at once, availed themselves of the agency of large doses of opium, in the treatment of the disease. The overlooking of these facts, however, led to the fatal error of trifling with too small doses of that medicine; and when these inefficient doses failed, or were, perchance, entirely counteracted by being combined with other supposed remedies, as calomel, for instance, it was taken for granted that the disease was incurable. It has been the general practice, even in the worst forms of the disease, to administer the opium in one or two grain doses, repeated at longer or shorter intervals. The consequence of this has been, that in all such malignant cases, the discharges of the serous fluid from the bowels has continued completely unchecked, and the lives of the patients have been lost. Now, in these cases, there might just as well have been given none of this medicine at all; for, if a dose, sufficient to meet the exigency of the case, be not given at once, it will produce no effect whatever, and no repetition of similar doses will answer the purpose. And I unhesitatingly assert, that two grains of opium never cured a malignant case of cholera. I have frequently had occasion to give ten grains for a first dose.

In regulating the dose of opium to be given in a malignant case of cholera, three objects are to be kept in view; first, to apportion as much as will be sufficient to counteract the depleted or emptied state of the vessels, then to add what will be necessary to restore the brain and nerves to their natural state, and, lastly, when the dose has been adjusted to meet these contingencies, the practitioner must still further add a third portion to the dose, such as would stop a case of purging under ordinary circumstances.

It need not excite surprise that the disease has been so universally fatal, when, in all parts of the world, this important practical fact has been entirely overlooked. Any cases of cholera alleged to have been cured by the ordinary methods recommended in publications on this subject, (and I have read all of note that have appeared,) have been so mild as scarcely to deserve the name of cholera. Cases do sometimes occur, where, from peculiarity of constitution, the patient will recover without any medicine whatever, or in spite of the remedies, where such have been used. Almost all the recoveries from collapse I ever witnessed, were of persons who refused to take any medicine whatever, and who recovered through the *vis medicatrix naturæ*, (healing power of nature.) But these were persons of very peculiar habits of body, of whom I would now be able to predicate such a result.

The next remedial agents in the order of our arrangement are—

Cordial Stimulants.—Upon their mode of operation I shall here observe very briefly. I shall enter more into detail afterwards, in prescribing how they are to be used. Amongst the most useful of the stimulants we possess, are camphor, chloric ether,

aromatic spirit of ammonia, and alcohol in the form of whisky or brandy. Such stimulants assist the opium in restoring and supporting the tone and energy of the nervous system. By their cordial effects, they strengthen the stomach, and enable it to absorb the opium; and by their stimulating effect on the brain, they sustain it until the opium becomes absorbed, and exerts its more permanent remedial effect on the system.

I now come to speak of perspiration, produced by the application of external heat, and upon this powerful agent in the cure of cholera I must dwell more fully.

Perspiration.—All the early symptoms in cholera indicate an increased determination of the fluids from the external to the internal surfaces. Perspiration reverses this determination, and directs it to the external surface. By so doing it relieves the stomach, intestines, and other internal organs, from the symptoms caused by the injurious rush of the fluids, contributes, materially, to the stopping of the discharges, and is an efficient remedy for stopping the vomiting, in a malignant case of the disease. Though in such cases the discharges from the bowels may, for a time, be checked by large doses of opium, yet, if the morbid action be not corrected by changing the determination of the fluids from the internal surfaces to the external, by a profuse perspiration, they will assuredly return. When the perspiration has been made to flow freely for a few minutes, the vomiting and sickness at the stomach invariably cease. Let the sweating be suddenly checked, however, or stopped too soon, and not only will these symptoms almost instantly recur, but, if the discharge from the surface be not immediately reproduced, even the purging itself will be sure to return. All medical men are aware of the remarkable sympathy that subsists between the external and internal surfaces of the body. Witness the alternations of sweats and diarrhoea that occur in the last stage of pulmonary consumption. When the latter symptom is checked, the perspirations become excessive; when these again are stopped, the colliquative discharges from the bowels return with violence. Much less opium is required to stop the purging in cases where, by the early application of external heat, profuse perspiration is produced, than where it is neglected. Indeed, where the sweating is promptly attended to, a second dose of that medicine is seldom, if ever, necessary.

But further, perspiration does more than merely correct the morbid action; it gives us the power of repairing the injurious effects produced by it. It has been already stated that in cholera the escape of the serous or watery fluid from the circulating vessels deprives the blood of its necessary dilution or fluidity, and renders it too crude to circulate, and that death in that disease is in every case caused, either directly or indirectly, by vascular depletion. Perspiration gives us the power of refilling these vessels, and of

restoring the necessary fluidity of their contents. It may, however, be objected, *in limine*, that the drain of the fluids of the body, caused by an extensive discharge from the external surface in perspiration, will produce a depleting effect on the vascular system similar to that which is caused by a discharge from the internal surfaces—an effect the very opposite to that we propose to accomplish; and I may be asked why I recommend a remedy which produces on the constitution an effect similar to that which is caused by the disease itself? To this I answer, that the class of vessels of whose agency we must avail ourselves in remedying the effects of the disease, can best be made to act by this means; and that when the agency of that system of vessels is brought into operation, we have at our command the power, not only of correcting the morbid action by changing the determination of the fluids, but of repairing the injury that has been already sustained. The class of vessels to which I allude is the absorbents. Perspiration excites their action. The exhausting effect produced on the vascular system by the discharge from the external surface causes the absorbents, opening on the internal surfaces of the stomach and intestines, to act like as many syphons in taking up the mild drink, and carrying it into the circulating vessels. Thus we have it in our power not only to supply the drain caused by the perspiration, but to refill the circulating vessels, and to restore the necessary dilution or fluidity of their contents. Perspiration, therefore, has the effect not only of correcting the morbid action, but of repairing the injury produced by it. From what I have experienced, I am persuaded that a malignant case of cholera could not be cured without exciting such perspiration.

Upon the general restoratives which may be requisite for re-establishing the healthy action of the several functions of the system, after the progress of the disease has been checked, I shall not dwell at present. I shall have occasion to speak of them afterwards.

I have thus given an outline of the mode of operation of the general remedies I prescribe. In my next letter I shall describe the specific manner in which they are to be used in the detailed treatment of the disease.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, JANUARY 22, 1848.

LETTER IV.—*Gentlemen*,—In my last letter I enumerated the remedies necessary for the cure of cholera. I proceed now to describe the specific mode in which they are to be used in the detailed treatment of the disease.

Of the medicinal remedies, the chief, it will have been observed,

is opium. This I have explained, should be given in combination with medicines of a cordial, stimulating, and antispasmodic character, of which the most efficient are camphor, capsicum, ether, and aromatic spirit of ammonia. The following formulæ present the combinations of these medicines which I would prescribe :

Powdered Opium, twelve grains.

Camphor, half a drachm.

Capsicum, nine grains.

Spirits of Wine and Conserve of Roses, of each a sufficient quantity—mix.

To be made into a mass, and divided into twelve pills.

Each of these pills, it will be observed, contains one grain of powdered opium.

Chloric Ether.

Aromatic Spirit of Ammonia.

Camphorated Spirits.

Tincture of Opium.

Of each one drachm.

Cinnamon Water, two ounces—mix.

As I shall have occasion frequently to refer to these pills and this mixture, I shall term them, for convenience and accuracy of reference, Antispasmodic Pills and Antispasmodic Mixture.

Cholera, I have stated, presents itself in four distinct degrees of malignity. I shall first take up the most malignant form, as being in itself the most important, and as embodying, most fully, in its details of treatment, the great principles of cure which are alike applicable to all forms of the disease. All the modifications of the disease require to be treated on the same principles, the only difference being that, in the detail, the milder forms require less powerful doses of the medicines. The mode of treating the most malignant form of the disease, will serve as the model on which all the others are to be treated. This most malignant form has, by all writers on the subject, hitherto, been pronounced incurable. They say it never was cured in a single instance, and never can be cured by the power of medicine. I shall, however, point out a mode of treating it which will prove itself infallibly successful, where my directions are followed with sufficient promptness, boldness, and skill. I would recapitulate, that the symptoms in this case are great languor and depression of spirits; giddiness of the head; soft, small, and variable pulse; tongue cold, flowing with saliva, relaxed, broad, and tremulous; heat of skin below the natural temperature; no cramps or pains, but an indescribable feeling of anxiety and crushing about the heart, accompanied with watery purging and vomiting, or with watery purging alone. All these symptoms indicate the utmost degree of malignity, and not one moment is to be lost in the vigorous application of the most powerful remedies. The disease in this form runs its course so rapidly, that,

before the medical attendant arrives, it may have so far progressed that one additional discharge from the bowels may carry the patient into hopeless collapse. The practice, therefore, must be prompt; it must be bold as it is prompt. The discharges from the bowels must be stopped at once; and for this purpose an efficient dose of medicine must at once be administered. Trifle with an inefficient first dose, and the patient is lost; administered with the boldness I shall prescribe, and success is as certain as is the relation between cause and effect.

Place the patient immediately in the horizontal posture, in bed; and give him, on the instant, as this is an extreme case, ten of the antispasmodic pills, and two ounces of the above antispasmodic mixture, and wash the whole down with a glass of undiluted brandy or whisky, flavored strongly with cloves, essence of ginger, or some such warm aromatic spice. In the meantime have him covered with an additional blanket, and let the usual means of communicating heat, such as jars or bottles of hot water, bags of hot salt or sand, hot bricks, or whatever can be most readily procured, be applied without delay to the feet, and different parts of the body, so as to restore the temperature, and produce perspiration as quickly as possible. As soon as the perspiration has begun to flow freely, superadded to the medicine and cordials already administered, a glass of brandy punch should be given—the punch to be made strong, and to be swallowed hot as possible. After this no drink should be given until the perspiration has flowed freely for a few minutes. The stomach will then retain it, and the patient should be indulged freely with copious draughts of rennet whey, warm toast water, flavored with some agreeable spice, mint or balm tea, or any such mild beverage. The necessity of attending to this is most important. When the discharges from the bowels cease, and when the pulse becomes full and bounding—the body is covered with a copious warm perspiration, which will not fail to be the case under such treatment, the danger is over. The perspiration, if the patient can bear it, should be kept up for twelve hours; and may with advantage be continued moderately even longer. Its duration, however, must be regulated according to the strength of the patient and the state of the pulse. After the first four or six hours, more heat need not be applied than is perfectly agreeable to the feelings of the patient. It is remarkable how suddenly the præcordial oppression, &c., are relieved on the breaking out of a free perspiration; and what is of greater importance still, the vomiting, where it exists, immediately ceases. I know of no other means by which vomiting in such cases can be speedily and effectually checked. In the application of external heat, a rational use should be made of the means. I cannot see the necessity for increasing the temperature beyond what is grateful to the feelings of the patient, and beyond what is sufficient to produce and keep up a pro-

fuse perspiration. I would remark, that the heat can be much more efficiently communicated by solid substances, such as I have mentioned above, than by the hot-air or vapor apparatus. This apparatus, as a means of communicating heat to a patient affected with Cholera, is an instrument which I consider to be worse than useless.

Now let it be observed that I have selected an extreme case, and have prescribed a dose of medicine sufficient to meet such a case. As I have already stated, not one case need be lost if the practice be sufficiently prompt and bold. I have supposed a case of the most malignant character, where there has been profuse watery purging, and where another discharge from the bowels would endanger the patient's life; and, under these circumstances, I have prescribed ten of the pills containing ten grains of powdered opium, as a less dose would not meet the exigencies of the case. To administer this dose, under the circumstances I have stated, is perfectly safe; to administer an inefficient dose is certain death. I have, under the circumstances supposed, tried smaller doses, but found them insufficient to arrest the progress of the symptoms, and was obliged, in a few minutes, to increase them. After such experience I always prescribed ten of the pills for a dose, under the alarming and dangerous circumstances I have supposed, and always with never-failing success; and I have never seen the slightest narcotic effect produced by this large dose of medicine, on any of the patients to whom it has been administered under such circumstances. The reason why such a large dose of opium may be safely administered in such a case, and the reason why, under such circumstances, it is absolutely necessary, I have fully explained in the preceding letter.

Should there, however, have been little or no purging, a smaller dose of the pills must be given.—The system not having suffered much depletion from the escape of the serous part of the blood, so very large a dose of opium is not necessary. In such cases, eight of the pills will generally be sufficient,—to be accompanied, however, with the same quantity of the antispasmodic mixture, and the same cordial stimulants as already prescribed, and to be followed with equal promptness by exciting the perspiration, that grand agent in the cure of every modification of cholera, without which a malignant case of the disease could not, by possibility, be cured. In the next most malignant form of the disease, the third described in my last letter, if there has been extensive purging, the patient must take, instantly, eight of the pills, together with the same dose of the antispasmodic mixture, as prescribed in the last case, and the same amount of cordial stimulants; and have these followed up, vigorously and speedily, with all the other steps of treatment already described, the perspiration, above all things, not being delayed, and all the alarming symptoms will be found to flow off

with the perspiration. In cases under this form of the disease, when purging has not taken place, six of the pills will be a sufficient dose, all the other doses and appliances being the same.

In the second form of the disease, as described in my last letter, when purging to any amount has taken place six pills must be given, with the full amount of the antispasmodic mixture, and cordial stimulants as directed in both the preceding cases; and all the other parts of the treatment already described must be vigorously followed out. When, however, there has been no purging, four pills will be a sufficient dose. The perspiration, and the other medicines and cordials, will complete the cure. All unfavourable symptoms will be found here, also, to flow off with the perspiration.

In the first and mildest form of the disease, the treatment must be upon exactly the same principles, and by similar means, as directed in the other forms of the disease, from the most malignant to this mildest form, the difference consisting only in the amount of the doses of the medicine necessary. Here four of the pills will be a sufficient dose, and one ounce of the antispasmodic mixture, with, however, the full amount of cordial auxiliaries, already directed in the other forms of the disease, followed promptly by the perspiration; this latter being in no case neglected or delayed.

Such is a very brief summary of the mode of coping with the disease in its various forms. It will be observed that the same remedies are applicable to all forms of the disease, the difference in the treatment consisting merely in the amount of the dose of the medicines necessary to meet the various degrees of malignity. I have directed such first doses of the medicines as are likely to meet the necessity of each particular case, as no repetition of doses answers the purpose so well. Cases, however, may occur, where to repeat a dose may be necessary; for instance, when the malignancy of a case has been miscalculated; and in such cases the subsidiary dose should be ample and given promptly. When, however, ten grains have been given at first, there will seldom be necessity for an additional dose. It will also be observed that perspiration is a necessary and most important agent in the cure of any case of the disease, whatever may be the degree of its malignity. In the more malignant forms it is entirely indispensable. It corrects the morbid determination of the fluids to the internal surfaces, and enables us to repair the injury inflicted on the system by the longer or shorter continuance of the symptoms, and by their greater or less malignancy. And further, it counteracts, in an important degree, the narcotic effects of the large doses of opium which it is necessary to administer.

In the bounds of this letter I have been able to do little more than just state general principles. In the application of those principles to individual cases, and to the varied forms of the disease, much must be left to the judgment of the practitioner. I have,

however, expounded, more or less particularly, a mode of treating the disease, which fully and efficiently meets all the requirements of cure, and which, if skilfully, boldly, and promptly acted on, will cure the disease in every instance where the patient is not in hopeless collapse before it is put in practice.

My mode of treating cholera differs from every other which has yet been placed before the public. It has not, however, been founded on mere hypothesis, but on a practical experience in the treatment of the disease, which was most extensive, and was successful beyond precedent; and it has been matured by careful and strictly logical deductions. I direct much larger doses of opium to be given in the cure of the disease than have ever been prescribed by any other. This fact, of itself, sufficiently distinguishes my mode of treatment from all others. But the grand distinguishing feature, in which it stands alone, is the employment of the powerful agency of perspiration, as a means of cure. This agent has never been recommended, as such, by any other. It is, in fact, by perspiration the disease is cured. Opium is, indeed, a valuable and necessary agent; but it and the other auxiliary medical and cordial stimulants act merely as handmaidens to the sovereign remedy, which is the application of external dry heat by hot solid substances. The opium and cordial stimulants supply the place of an anchor, in holding on the bark of life, and in arresting the fatal course of the disease, till the respiration not only corrects the diseased action, but also repairs the injury which the system may have sustained.

In my next letter I shall, among other matters, make some necessary observations on the consecutive stages of the disease.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, JANUARY 29, 1848.

LETTER V.—*Gentlemen*.—The great secret in the treatment of cholera is, to lose no time in stopping the discharges from the bowels, if they exist, and in exciting warm profuse perspiration. This object should still be kept in view by the practitioner, no matter in what state he may find his patient. After giving such a dose of medicine as may stop the purging, his next effort should be, by the application of external heat, to produce a discharge from the surface. If the heat of the body be higher than natural, the perspiration will equalize it; if lower, the application of external heat will restore it; and if the body be covered with cold clammy perspiration, it will change it to a warm one. I have directed that the perspiration should be continued for, at least, twelve hours, if the patient can bear it, keeping up, however, merely as much heat

as may be perfectly agreeable to his feelings; his desire for drink, which is generally very great, being meanwhile gratified *ad libitum*.

As soon as it may be proper to discontinue the perspiration, the patient's body should be rubbed perfectly dry, and he should be furnished with dry linens or flannels, and with dry sheets and blankets. He may then, if he desires it, be indulged with a little arrowroot, or sago, to which may be added a tablespoonful of brandy, or half a glass or a glass of sherry; which, given as often as required, will afford sufficient nourishment till the stomach recovers its healthy tone, and desires and relishes more substantial food. He may then have wine, beef tea, chicken broth, beef-steak, or mutton chops. Where the purging has been quick and violent, if the patient be free from sickness at the stomach, his bowels should be allowed to remain undisturbed, if they will, till the third day. They should then be gently opened, by means of an enema of a pint of a weak solution of soap and water. Should the patient be seized with bilious vomiting sooner than the third day, which sometimes happens from the sudden discharge of the distended gall bladder, and should his bowels be confined, it will be proper to give him the enema earlier, giving at the same time an emetic of ipecacuanha wine, to be worked off with warm camomile infusion. Should these means fail to settle the stomach, and give the peristaltic motion a downward direction, he may get two grains of calomel, and six or eight grains of compound extract of colocynth; and after some time the enema should be repeated till it produces the desired effect of clearing out the bowels, and carrying off the redundant bile; after which, should any irritability of stomach remain, it will be immediately relieved by one or two grains, as the case may be, of solid opium, followed up with bitter tonic effervescing draughts. If the patient have got a large dose of opium at the beginning, it will require two grains to be given now; if he have had a small dose, one grain will suffice.

Should the patient on the second day, as often happens after a malignant attack of the disease, complain of acidity of stomach with confined bowels, he should get two tablespoonfuls of the following mixture every third hour till relieved:

Sweet Spirit of Nitre, Tincture of Rhubarb, Tincture of Colombo—of each half an ounce.

Compound Tincture of Cardamons, three drachms.

Bicarbonate of Soda, two drachms.

Camphorated Julep, eight ounces—mix.

After a few doses of the above mixture have been given, their effect on the bowels may be assisted, if necessary, by the use of the mild enema already mentioned. The mixture will neutralize the acidity in the stomach, and restore the healthy tone of the organ. It will also act gently on the bowels, cleanse the tongue, and cool the system, and will promote the restoration of urine,

which is generally suspended in this disease. Should, however, the bowels be too much relaxed, the tincture of rhubarb should be omitted, and two drachms of the compound spirit of ammonia, and a suitable proportion of the tincture of opium, added. The stomach of a patient recovering from a malignant attack of cholera is very weak, and the patient feels a craving desire for bitters and aromatic spices; and from the shock his stomach has sustained, he desires, and can take, much stronger doses of these than would be agreeable to him under ordinary circumstances. This craving desire should be gratified, as nature seldom errs in such matters.

Bilious diarrhoea never occurs in the consecutive stages of cholera, unless calomel, or some preparation of mercury, has been most improperly, and, I would add, most unwarrantably, used in the primary treatment of the disease. When it does occur, it should be treated with the cretaceous mixture, combined with suitable proportions of the tinctures of catechu and opium, and in addition, if obstinate, by anodyne injections, giving at the same time small and frequently repeated doses of sulphur, for the purpose of neutralizing the mercury, and for counteracting its action on the liver. The strength is at the same time to be supported by wine, beef tea, &c. Great care should be taken not to allow the patient to get out of bed, or stand in the erect posture, till the strength of the body and the healthy tone of the nervous system have been sufficiently re-established. Fatal consequences have sometimes arisen from not attending to this precaution. In a hospital, a woman, who had a very favorable recovery from an attack of cholera, lost her life by imprudence in this respect. Contrary to the orders of the superintending physician, and in opposition to the remonstrances of the attendants, she got out of bed, and while in the act of dressing herself in an erect posture, she suddenly fell on the floor in a fainting state. The excretory vessels being unable to sustain the superincumbent weight of the fluids of the body, became dilated—the serum, or watery part of the blood, escaped into the bowels, and she passed several quarts of fluid, as clear as water, before she could be lifted into bed. She was dead within less than two hours afterwards, having manifested all the symptoms of one who had been bled to death.

In directing the treatment of the mildest form of the disease, I omitted to state, that, should the practitioner find his patient affected with pain of stomach, headache, and vomiting, along with a hot skin and a full strong pulse, and should he find that the bowels have been previously much confined, he ought, before giving the antispasmodic pills or draught, as ordered, cause the bowels to be unloaded by means of an enema.

I directed that the opium, whether alone or combined, should be administered in cholera in the solid form. The reasons why it should be so administered are, that in that form it is more likely to

be retained on the stomach, and if it be rejected, the fact can, by an examination of the *egesta*, be more readily detected; and for the quantity thrown off an equal quantity can be immediately readministered. On the other hand, if the administration of the medicine in a fluid state be followed by vomiting, the practitioner can have no means of knowing what portion of the dose has been rejected, so as to enable him to supply the deficiency. In this way he loses his reckoning, bewilders himself, and, under such circumstances, in a malignant case, he may lose his patient.

In adjusting the doses of the medicines, I directed ten of the pills, containing ten grains of powdered opium, to be given for a first dose, in the most malignant and rapidly fatal form of the disease, and under the alarming and dangerous circumstances there supposed. I prescribed ten, as I knew it required some experience and tact to graduate, in such cases, the exact amount of danger. Were the dose to be administered by my own hands, however, or under my own inspection, I would in many such instances, without hesitation, as I have often done, and always with success, give twelve of the pills for a first dose. I have given six of the pills to a little girl of ten years of age, and she experienced no narcotic effects from the dose; but, on the contrary, slept none all night, and had quite recovered and was walking about next day. All the other doses mentioned will be amply sufficient first doses for all the other forms of the disease for which they were prescribed.

I shall pursue the subject in my next.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, FEBRUARY 22, 1848.

LETTER VII.—*Gentlemen*,—Amongst the objectionable remedies which have been employed for the cholera, the first which I shall notice is blood-letting.

With regard to this remedy, I would remark that I cannot conceive how any rational practitioner could think of using, for the cure of this disease, a remedy which produces on the constitution an effect the very opposite to that which it should be his object to accomplish—a remedy which would aggravate rather than relieve the symptoms. The effect produced by blood-letting is relaxation. It is with this view it is generally employed; as, for instance, in inflammations, and in certain cases of rigidity. The depletion of the vascular system by blood-letting, suddenly removing the accustomed pressure or bracing support from the brain, has the effect of diminishing the tone and energy of that organ, and, of course, of the nervous system. Hence the supply of energy to the muscles is lessened, and a corresponding diminution of the contractile power

of muscular fibre is produced. Now, from what has been stated in the preceding letters, the reader will at once perceive that a precisely similar state of things take place in cholera. I need not say, then, that blood-letting should be at once discarded from the treatment of the disease; for every man possessed of a reasoning mind, who has read my preceding letters, will at once perceive that it deprives the patient of many of his chances of cure; and that, by diminishing the force of the resisting power of the vessels through which the serum of the blood escapes, it tends only to hasten the fatal event. All the symptoms at which any man could grasp, in justifying the use of the lancet in the earliest stages of cholera, can be at once relieved by a free perspiration. I was once taken to visit a young gentleman, of eighteen years of age, who was seized with premonitory symptoms of cholera. One of the same family had, a few days before, died of the disease, in a few hours' illness. He complained of great præcordial oppression; violent pain over the region of the stomach, increased by pressure; great sickness and retching; but nothing ejected from the stomach; a painful feeling over every part of the body, as if he had been beaten with a stick; and severe headache. His face flushed; his eyeballs swollen and painful, with a feeling as if they were about to start from their sockets; his tongue white, his skin hot and dry; pulse one hundred and twenty, exceedingly full, strong and bounding. His bowels had not been affected. After cautioning the medical gentleman present not to allow such symptoms, as those of which the patient complained, to betray them into the use of the lancet in similar cases, I ordered the patient a suitable dose of the pills and draught prescribed in my preceding letters, with as much mild drink as would wash them down. I then ordered hot substances to be applied to his feet, and different parts of his body, with a view to produce perspiration; and, after giving the attendants the necessary directions about what drink he was to get, and when he should have it, I took my leave. After the lapse of an hour, I again visited him, and found him perspiring freely; his skin quite cool; his pulse sixty, soft, and regular; and he was entirely free from pain of every kind. He declared that he was then as well as he had ever been in his life, and expressed a wish to get out of bed. The crushing about the heart and the pains flowed off with the perspiration. He said that he had not perspired many minutes till he was free from pain, sickness at stomach, and every complaint. He had quite recovered, and was walking about next day. I need not waste your valuable space, or the reader's time, with further comment on so absurd a remedy as bleeding.

The next remedy which I shall notice is calomel—a medicine which, in these and all other countries, has been universally used for the cure of the disease.

Calomel, like blood-letting, tends only to hasten the fatal termi-

nation in cholera. It does more.—Those who escape or recover, in spite of the effects of it, do so at the expense of a ruined constitution. The reasons which are given by medical writers for using it in that disease are absurd, and are founded on a total misconception of its nature. Some say that they give calomel, combined with opium, as a stimulant. “Powerful stimuli,” say they. Opium, as has been already stated, is a powerful and very valuable stimulant; but the chief stimulating effect produced by calomel, in that disease, is on the mucous membrane of the stomach and intestines, increasing the discharges from them, which it should be the object to prevent. Mr. Orton, in his work on “Cholera,” says that the calomel was found adhering to inflamed patches on the internal surfaces of the stomach and intestines of many of those who died of cholera in India. No doubt it had stimulated these parts with a vengeance! The following are that gentleman’s words: “Calomel was frequently found at the bottom of the fluid contents, and adhering in various places to the *mucous* coat.” In a note appended to the same he adds: “I have been informed by a practitioner, in whose observation I have great confidence, that he had frequently found this medicine adhering, chiefly, to those parts of the stomach which were inflamed.”—[See Mr. Orton’s Essay on the Epidemic Cholera of India, page 42.] Here, then, is positive evidence of the destructive effects of calomel, even in India—the boasted birthplace of the practice.

Others, again, say, that they administer the calomel with a view to restore the biliary secretion, which they allege is suspended in the disease. On this subject I beg leave to observe, that the suspension of the secretions in cholera is not the *cause*, but the *effect* of the morbid action. When the morbid action is corrected, the secreting organs generally resume their functions without any assistance. And even though they should not, it is only after the disease has been cured that medicine will have any salutary effects on those organs. First, then, cure the disease; and afterwards, if necessary, let attention be directed to the secretions. I would remark, however, that though, for a very obvious reason, the suspension of the secretion of urine is a characteristic symptom of cholera, yet it does not appear that the secretion of bile is ever, for any length of time, suspended in that disease, even though it does not come off in the discharges. On a *post mortem* examination of the bodies of those who have died of the disease, the gall bladder has always been found distended with bile. It is not, therefore, so much a suspension of the secretion of bile, as a retention of that fluid, which accounts for its non-appearance in the discharges. Did time and space permit, I could satisfactorily explain the cause of its retention in cholera. I do not conceive it right, however, to allow that explanation to occupy the space which should be allotted to more important matters—particularly as, when the disease was

cured, I never knew an instance in which the secretory organs did not resume their functions; and even though calomel should not counteract the effects of other remedies, which it does, or produce destructive effects on the constitution, I cannot see any use in employing it in a disease where it has no time to act. If the discharges be made profuse and watery, and follow each other in quick succession, as, in a malignant case, they generally do, they may carry the patient beyond the boundaries of human aid in less than an hour. In such cases the calomel has not sufficient time to be absorbed, even though the absorbent vessels were in a fit state to take it up. The absorbents on the internal surfaces, in that disease, however, do not act at all, till the morbid action is corrected. Those cases, therefore, in which calomel produced salivation, did not deserve the name of cholera.

The advocates for the use of calomel in cholera, say that all their patients who have been salivated by that medicine have recovered; and this alleged fact, they presume, is an argument in favor of its employment for the cure of that disease. Now, to those who do not understand the subject, this would appear to be a very plausible argument. A little examination, however, will show the fallacy of it. First, I would remark, that many have been subjected to treatment for cholera who never had the disease at all. Secondly, during the prevalence of the disease, individual cases do sometimes, nay, often, occur, in which the *vis medicatrix natura* would succeed in throwing off the disease without the aid of remedies, or in spite of the counteracting effects of the calomel. And, lastly, opium, which is generally administered in conjunction with the calomel, and an accidental perspiration may succeed in curing a very mild case of the disease, as has been already stated, notwithstanding the prejudicial effects of the latter medicine. Now, whatever calomel may remain in the stomach and intestines of these patients, after the disease has been cured, will, no doubt, be absorbed, and will salivate them in good earnest, and will thus, after the cure of the disease by other remedies, produce a new disease, in some cases worse than cholera itself. Hundreds have, in this way, been so disabled as to be rendered incapable of earning a loaf of bread for themselves, and have been left to drag out a miserable existence, with shattered and ruined constitutions, from the effects of calomel administered to them for the cure of cholera. But none of these facts prove that the calomel, or the salivation produced by it, had any efficacy in the cure of the disease. The fact is, calomel will not act on the system in any way to produce salivation, until the morbid action constituting the disease has been counteracted and reversed either by the agency of other remedies, or by the reactive power of nature herself.

The enormous quantities of calomel which were given to patients in cholera, during the prevalence of the disease in these countries,

were of themselves sufficient to destroy life, even though the individuals to whom they were administered had been, at the time, free from any specific disease. Twenty grains of calomel and two grains of opium, to be repeated every two hours till the symptoms should abate, were directed to be given in the books and pamphlets published on the subject at that period. A physician, who is now a vicar of some parish in England, in a letter published in the *London Times* newspaper, about two months ago, says that the best remedy he ever saw employed (and it was in New York he had seen it) was twenty grains of opium for one dose. A physician told myself that his dose was forty grains of calomel and two grains of opium. I shall content myself with only one specimen of the extent to which the calomelizing practice has been carried. A man was admitted into the Belfast hospital, whose mouth was nearly hermetically sealed up from the effects of calomel, which had been administered to him for the cure of an alleged attack of cholera, so that no food could be conveyed into his stomach but beef tea, thin gruel, or milk, and these he had to suck in through apertures between his remaining teeth. Such an extensive excoriation and ulceration of the gums, jaws, lips, and cheeks had taken place, from the salivating effects of the calomel, that extensive adhesions had formed between these surfaces throughout their whole extent. His lips and cheeks adhered firmly to the gums and jaws, so that Mr. Moore, the talented and skilful surgeon to the hospital, was obliged to dissect these parts asunder, to cut out masses of flesh between the inner angles of the jaws, and to stuff the inner sides of the cheeks and lips with lint, soaked in oil, to prevent their readhesion to the subjacent parts, and to gag the jaws asunder with cork, till these parts healed. Why unnecessarily inflict such misery?

I have not only already amply proved that calomel is unnecessary for the cure of cholera, but I have now shown that it is destructive. I have cured from two to three thousand cases without a single grain of calomel. I have a right, therefore, to form a judgment on the subject. I trust I have now set the bleeding and calomelizing mode of treating cholera at rest; and as I have directed a mode of treating that disease, which, if timely and skilfully employed, will infallibly cure it in every instance, I shall not delay further by noticing any more of the nostrums which have been recommended for its treatment.

In conclusion, lest any one, from the foregoing remarks, should be deterred from the use of calomel in other diseases where it may be requisite, I would observe, that we do not possess a more safe or a more valuable medicine when skilfully administered, in cases where its use is proper.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, JANUARY 12, 1848.

Part I.---Editorial.

CHOLERA.

For a few weeks past a beneficial change of the atmosphere has apparently suspended the danger which, in the earlier portion of January, seemed to be impending over our city. The general prevalence of a tendency to bowel complaints, and the occurrence of a few mild cases of cholera, (mostly among those who had been on the river and had recently arrived from New Orleans,) seemed to foreshadow the approach of the Asiatic cholera.

That danger is now suspended, but none can imagine when the choleraic condition will again exist; and it is necessary that every medical man should be prepared to understand this disease clearly, to meet it with promptness, *energy*, and *confidence*.

It is lamentable and disgraceful to see medical men, as has been the case in some instances heretofore, halting with indecisive opinions, unable to adopt a rational course of treatment, looking on the progress of the disease with unconcealed fear, and finally taking to flight at its first onset. We trust no Eclectic practitioner will ever be found capable of deserting his post in the time of danger, or will contribute, by his example, to increase the public alarm, or will permit that terrible mortality to occur within the sphere of his practice which has so often dishonored medical science, and created a "reign of terror" wherever the disease has appeared. Let us give forth to our friends and the public the calm and confident assurance, that cholera, when rightly met, is a *strictly manageable disease*, which may be arrested promptly, and which is really not more dangerous, when properly met, than the ordinary endemic and epidemic diseases to which we are accustomed.

It is true that the mortality from cholera in Europe and Asia has been frightful—even by the latest reports, the mortality in Great Britain has been "about two-thirds of the recorded cases which have been brought to a termination;" but we have no fear that any similar mortality will occur in our own country. The deaths

in Great Britain have been chiefly among the most wretched and suffering class of the population, whose constitutions, already broken down by slow famine and exposure, by intemperance and every form of want, are prepared to sink at once without resistance into the fatal collapse. In our own country, thus far, the mortality has been chiefly among the foreign emigrant population of New Orleans, who were scarcely acclimated, and whose previous mode of life rendered them peculiarly liable. Among the vigorous, well-nourished constitutions of our Anglo-American race, the disease will be firmly resisted by the *vis medicatrix naturæ*. American physicians, too, will probably profit somewhat by past experience, and we hope that of about one thousand or fifteen hundred Eclectic physicians, there may be a considerable number in the midst of the ravage of the disease.

Why has cholera been heretofore accompanied by this mortality? Why does it still stand, with the accumulated experience of many years, as one of the *opprobria* of medicine? Is it *necessarily* thus fatal, or does the mortality arise from a false system of therapeutics, and from the blind infatuation of the profession?

To answer these questions, let us glance at the philosophy and history of the disease and its treatment.

To a mind unhampered by medical associations and prejudices, following merely the dictates of common sense, it would seem that the nature of this disease is sufficiently obvious, and that its plain, unmistakeable symptoms point in the most distinct manner to the means of cure. In the first place we find a general coldness, collapse, and recession of the blood from the surface, which call loudly for the most powerful diffusible stimulants, to restore the circulation and warmth of the skin, sustain the sinking vital powers, and diminish that congestion, which is at once prostrating the vital powers, and pouring out a current of watery evacuations. *External and internal stimuli*, which produce the greatest amount of heat, and most effectually expand the capillary circulation of the skin, are obviously of *the first importance*.

Secondly. The torrent of profuse discharges from the bowels, which is rapidly exhausting the patient, must be checked, not only by equalizing the circulation by stimuli, but by internal medicines, which make a strong impression upon the mucous membrane.

Thirdly. As the profuse watery evacuations have suspended

the functions of the kidneys, and in some cases also that of the liver, a restoration of these suppressed secretions will materially assist in directing the fluids from the channels by which they are so rapidly discharged.

Fourthly. The nauseated condition of the stomach and violent vomiting, which so often occur, indicate the propriety of an emetic or of some aromatic carminative, and

Fifthly. The cramps indicate the necessity of powerful antispasmodics.

For the first purpose, we know of no better diffusible stimulant than *CAPSICUM*, administered internally in tincture or substance, and applied externally in dry friction upon the limbs. Warm clothing (blankets) and bottles of hot water, bags of hot sand or salt, should also be used, so as to raise upon the surface as soon as possible a warm perspiration. Spirituous drinks may be used to some extent, but are not alone to be relied upon. As a method of applying external heat, the alcoholic vapor from burning spirits is a very convenient and efficient application. The vapor may be admitted under the blankets without disturbing the patient.

To check the diarrhœa, and determine the fluids to the surface, we must rely mainly upon *OPIUM*, *CAMPHOR*, and the *astringents*. Geranium, kino, or catechu, used by mouth or injection, may be of some service, but we regard them as of minor importance in all cases.

To settle the stomach, peppermint, camphor, or sweet spirits of nitre, will generally be sufficient; but if not, a good emetic should be administered, (*lobelia* and *ipecac*.) after which it will become quiet, or may be composed by aromatics.

As diuretics, the spearmint and *saleratus* will be appropriate—the latter being also important as an antacid, in the early stages of the disease.

As an antispasmodic, the tincture of *lobelia* will answer every purpose. Ether and chloroform have also been administered with success.

If an epidemic of cholera should occur, we would keep on hand a mixture of tincture of *capsicum* and tincture of *camphor*, one ounce each, and tincture of *opium* from two to four drachms, to which might be added, according to circumstances, carbonate of ammonia, ether, tincture of *lobelia*, myrrh, &c., if they appeared

to be necessary. This preparation might be administered in doses of from a teaspoonful to a tablespoonful, according to the severity of the attack, and repeated every twenty minutes, or every hour, until the disease is checked. It should be administered in a warm tea of spearmint, cinnamon, and ginger. If the function of the liver has been interrupted during the attack, a dose of taraxacum and sanguinaria might afterward be used, guarded by a small portion of opium, if necessary. But the influence of the liver in Asiatic cholera is much less important than has been generally supposed.

The foregoing are the obvious dictates of common sense, and wherever they have been properly regarded, cholera has been treated with remarkable success—wherever they have been neglected, an awful loss of human life has been the consequence. The Eclectic practitioners of the United States, having been guided by common sense in the treatment of this disease, have met with a success which forms a striking contrast to the large mortality which usually attends its career as it has been heretofore treated.

The practice of Dr. Beach, when appointed physician of the Tenth ward of New York during the prevalence of the cholera in 1832, embraced about a thousand cases, in which his treatment was *invariably successful* in the early stages of the disease, and the entire mortality, which was extremely small, arose from the advanced stage of the cases before they were treated. It is much to be regretted that no accurate record was kept of the cases; but the report of one of his co-laborers at that time exhibits, we presume, a fair specimen of the results of the treatment. This gentleman, Dr. Hopkins, reported a hundred and fifty-seven cases treated, of which eight were in the stage of collapse before they were seen, and of the whole number there were but six deaths, or less than four per cent. The practice of the late Dr. Sharp (a graduate of Worthington) at Paris, Ky., during the cholera, was equally successful and gave him at once a high professional reputation. In many other cases the Eclectic treatment has been highly satisfactory, and we earnestly hope that our friends, who may happen to be in the midst of the epidemic hereafter, will not fail to preserve careful records of their cases.

The treatment pursued by Dr. Beach, which has been amply sustained by subsequent experience, was the administration, in the first

instance, of what was commonly called the neutralizing mixture, (equal parts of rhubarb, peppermint, and salæratuſ.) Half an ounce of this was added to a pint of boiling water, two tableſpoonful of brandy and a portion of loaf ſugar added, and a tableſpoonful taken every hour, until it gently acted as a laxative. Cinnamon or cloves was ſometimes added, and ptisans, ſuch as catnip and ſpearmint, were drunk at intervals. Hot tincture of capſicum was applied with a flannel over the bowels, and at night ten grains of the diaphoretic powders (camphor 32, ipecac 31, opium 3½, ſup. carb. ſoda 31) were frequently given. This was found ſufficient to remove the premonitory ſymptoms.

In marked caſes, needing more efficient treatment, the feet were immerſed in hot ley, heat applied around the perſon, and two teaſpoonful of the ſudorific drops (opium, camphor, ſerpentaria, ipecac, and ſaffron, an ounce of each to three pints of Holland gin or ſpirits) adminiſtered every hour in a tumbler of ſtrong peppermint tea, until reaction and perſpiration are produced. Friction and hot tincture of capſicum were applied to the ſurface.

In more urgent caſes, the antſpasmodic mixture was uſed, (tincture of camphor 34, eſſ. peppermint 34, ſyrup of ginger 3½, tincture of capſicum 31,) of which a tableſpoonful was taken from one to four hours, according to the urgency of the caſe, with draughts of Indian meal gruel, containing a little ſalæratuſ. Hot fomentations of hops were applied to the bowels, and laudanum uſed in injections. The black drop (twenty drops) was ſometimes reſorted to, as an antſpasmodic. Capſicum was not ſo freely uſed internally at that time as it has been in many other inſtances ſubſequentially, which entitle it to a prominent rank in the Eclectic treatment. The principle laid down by Dr. Beach was this: "In a word, the leading indication in the cure of cholera, either in the confirmed or collapsed ſtage, is to *eſtabliſh reaction*, or, in other words, to *promote perſpiration*."—(P. 39.)

Theſe rational views, and the eminently ſucceſſful practice to which we have alluded, might be ſanctioned and illuſtrated by various quotations from different writers, who have approximated a rational treatment.

But, until we received the letters of Dr Hawthorne, we were not aware that any other members of the profeſſion, either in Europe or America, had adopted views ſo nearly ſimilar to our own,

or had fully carried out that plan of practice which has heretofore, with the Eclectic practitioners, proved so eminently successful. It was, therefore, with no small gratification that we found a distinguished member of the profession thus corroborating, by his own ample experience, our American system of treatment. Every Eclectic practitioner will read with pleasure these letters of Dr. Hawthorne, which furnish, in reality, the most brilliant illustration of the Eclectic doctrines which we have yet seen beyond the ranks of our own practitioners. The letters of Dr. Hawthorne, signed G. S. H., are published in this number of our Journal, in Part second, (but unluckily without the appropriate heading of "Hawthorne on Cholera," an oversight which occurred during our editorial absence at Columbus, where we had the honor of delivering an address, in the hall of the House of Representatives, on the present condition of the profession, and the scandalous monopolies and abuses which still exist in Cincinnati.) The following statement, from the Nashville Whig, will show the reputation and success of Dr. Hawthorne :

"The pamphlet from which we have copied the letters was forwarded, within a week or two past, by Gen. Armstrong, U. S. Consul at Liverpool, to a friend in this place. It is a copy of a *second* enlarged and improved edition, which was published so recently as October last.

"It is *certain* that the author has had, at least, as extensive experience in the treatment of cholera as any other physician in Great Britain. That his success in the treatment of it has been extraordinary, is placed beyond dispute by the highest and most conclusive testimony. Boards of health, physicians of good reputation, private individuals and public meetings, all unite in testifying to his unexampled success. The Dungannon Board of Health, in presenting to him a piece of plate, take occasion 'to convey to him their most grateful acknowledgments for the eminent services he has, under Providence, rendered in checking that destructive disease, which had raged with such violence amongst them.' The late Dr. Dawson, of Dungannon, a highly respectable and able practitioner, who changed his original mode of treating the disease after his 'false ideas' of it, in consequence of 'the most important information' he had received from Dr. Hawthorne, had been corrected, says, in a letter to Dr. H., written in 1844 : 'Would to God, my dear sir, your mode of practice in cholera was more generally known, as then it would not be so fatal a scourge as it unfortunately now is.' The late Sir Francis Workman Macnaghten, in forwarding to Dr. Hawthorne an address on behalf of the inhabitants of the

parishes of Billy and Dunluce, says: 'I can add, from my own knowledge, that no individual, who, at the commencement of his disease, had the fortune to fall under your care, was lost to his family—that, shortly after your arrival, mortality ceased—that implicit reliance upon you was manifested by all—and that despair was relieved by the most cheering expectations.' In the address, the signers, among whom were physicians, members of the Board of Health, parish officers, and private citizens of the highest respectability, say, 'that not a single death took place in any of those cases which occurred subsequently to his (Dr. H.'s) arrival.' Three of the signers, physicians and surgeons and members of the Board of Health, add: 'We, the undersigned, feel it our duty to express our most unqualified conviction, that your plan of treatment is the best and the only safe one; and that if sufficiently early and efficiently put in practice, even in the most violent forms of the disease, and universally adopted, it is calculated to save many a useful life, and render a most formidable disease comparatively mild, and less fatal than most other epidemics.'

"In addition to the foregoing, we publish the following from a gentleman of the highest respectability, at present living in Nashville.

"*Dear Sir:* Having heard that it is your intention to republish, in pamphlet form, the letters of Dr. Hawthorne in reference to the treatment of cholera, I beg leave, for your satisfaction and that of your readers, to say, that, when the cholera was first in Belfast and other adjacent places, I was myself an eye-witness to his remarkable success in the treatment of the disease, as was *shortly* after described by him in a publication on the subject, and as was more recently and fully set forth in the letters which have appeared in the columns of the Whig.

"Yours, respectfully,

"J. H. ROWAN."

We think it extremely probable that if the Eclectic system of practice had been prevalent throughout the United States when we were visited by cholera, *four-fifths of those who died might have been saved.*

It is horrible to contemplate the vast mortality which has been produced throughout the world by an imperfect, empirical, unscientific system of practice. When we reflect that in the malignant form of the disease, as commonly treated, from one-third to two-thirds of the patients (in the old world) died, are we not compelled to conclude that, of the fifty millions who are reported to have died of this disease, at least *forty millions* owe their death less to the severity of the disease than to the impropriety of the treatment?

Of the patients treated *Homœopathically*, in Europe, the number of deaths, on an average, did not exceed nine to the hundred cases. But the Allopathic opponents of Homœopathy are generally agreed that the Homœopathic treatment amounts to nothing at all; and therefore the results of Homœopathy only show the natural mortality of the disease, uninterrupted by improper medical interference. If this be so, then may we not hold the orthodox Old school system of practice responsible for all the mortality *beyond* the proportion of nine to one hundred? When the mortality of Allopathic cholera patients ranges from thirty to sixty in the hundred, is it not clear that from twenty-one to fifty-one in the hundred have died in consequence of a false system of practice, since the legitimate mortality of the disease is but nine per cent.?

This reasoning is perfectly fair; and every physician who loses more than one in ten of his cholera patients should be candid enough to acknowledge that he has failed in the proper discharge of his professional duties, and to renounce the system of practice which has produced so deadly consequences.

For ourselves, we do not hesitate to say that we regard cholera as a terrific scourge, inflicted by Divine Justice upon human *ignorance and profligacy*. Whenever mankind become sufficiently enlightened to adopt a rational system of treatment, following the dictates of common sense, instead of the hallucinations of so-called medical science, the mortality of cholera will be reduced to an amount too insignificant to excite any alarm.

Physicians who are peculiarly exposed, by their profession, to suffer from the influence of epidemics, should carefully guard against all causes of debility and bowel complaints, on the approach of cholera. Instead of adopting a more abstemious mode of living, they should endeavor to have the system well nourished. Crude vegetables, pastry, sweetmeats, &c., should be avoided, and farinaceous food, with substantial meats, (beef and bacon,) and a moderate use of condiments or stimulants, would be the best preparation. Malt liquors are decidedly beneficial in many cases, and it has been observed in several of our large cities that all of those employed in breweries have escaped the attacks of cholera. The functions of the skin must be maintained, and we should guard against the influence of atmospheric vicissitudes. During the epidemic, we should wear flannel next the skin, occupy dry comfortable apartments, and avoid all unnecessary exposure. B.

T H E

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Part 1.---Original Communications.

CASES IN PRACTICE.

BY T. V. MORROW, M. D.

CASE 1.—John Tice, a gentleman aged, I should judge, about forty, somewhat corpulent, a grocery merchant by profession, doing business at the corner of John and Sixth streets, in this city, had experienced symptoms of hepatic torpor for three or four months prior to an attack, which he experienced on the 5th or 6th of August, 1848. On the 8th of August I was requested to visit him, and found him laboring under a violent paroxysm of the most extreme and excruciating pain and sense of distress in the whole lower part of the abdomen, extending up to the margin of the ribs, on the left side, above the sigmoid flexure of the colon; the skin was dry; some fever; furred state of the tongue; great restlessness; the urine small in quantity and high colored; pain continued nearly all the time, more or less, with occasional periods of decided aggravation; more or less tenderness on the application of pretty firm pressure; the bowels were very much constipated. Such was the character of the symptoms present in this singularly interesting case of disease.

I am free to confess, that I was not a little perplexed in the formation of a definite opinion as to the true nature of the case, but had no hesitation whatever in coming to the conclusion that the most important indication in the treatment was, to procure satisfactory and copious operations on the bowels as speedily as possible. For this purpose, I directed the patient to take two grain doses of the podophyllin, once in four hours for several doses, and in the event of its failure, after having taken three doses, to take a

large dose of the antibilious physic. In the meantime, the attendants were instructed to apply a large mustard plaster over the whole extent of the abdomen, and, after its removal, to make a persevering and active application of the common bitter herb fomentation to the abdomen, applying it very hot and changing it very often, with a view to the relief of the pain. But a perseverance in this course for twelve or fifteen hours only served to produce a few very scanty and unsatisfactory operations, bringing with them nothing like permanent relief. By this time, I had no longer any doubt that the case was a formidable and extremely severe one.

The severe paroxysms of pain and distress soon returned with renewed violence, and the general features of the attack seemed to be but slightly affected by what had already been done. The next medicine given was the diaphoretic powders, in doses of five grains every hour, in conjunction with warm sweating teas, such as *catnip*, *aselepias tuberosa*, and *cypripedium pubescens*, in connection with sinapisms and emollient poultices, to the bowels; but these measures also failed to produce any substantial or permanent benefit, the patient suffering at intervals greatly from returning paroxysms of pain.

The active evacuant plan of treatment was again adopted. The emetic powder was given in doses of from a half to a teaspoonful every fifteen or twenty minutes, in conjunction with an infusion of *eupatorium perfoliatum*, until it vomited the patient freely several times; this was followed by active cathartic doses of antibilious physic, repeated every two hours, until it operated on the bowels. The operations were still very unsatisfactory, and it was attempted to aid them by the use of active injections, the successful introduction of which was very strongly resisted, apparently, by some mechanical obstruction in the *rectum*, although repeated several times.

It seemed, indeed, to be almost impossible to induce the peristaltic movement of the lower portion of the intestinal tract; there appeared to be a state of confinedness and inactivity which seemed quite unaccountable.

Whenever operations could be procured, even though they were slight, they appeared to afford very partial relief, the severe paroxysms of pain returning after the lapse of a short time, for the immediate relief of which occasionally small doses of the *sulphate of morphia* were administered. In this manner was our patient exercised with the most severe suffering, with occasional intervals of ease, until about the 20th of August, or nearly two weeks after I had commenced the treatment of his case, when there appeared, gradually, a pretty large swelling on the margin of the rectum, and verge of the *anus*, bearing some resemblance to a very large hemorrhoidal tumor, involving, in its extent, a much greater amount of the surrounding structures; simultaneous with the appearance of

this tumor, a muco purulent and an offensive discharge proceeded from the bowels, which became more and more copious. Upon a careful examination of the swelling in question, I found it was produced by a morbid growth, which was attached extensively to the side of the rectum, above and just within its margin; the extent of the swelling and the protrusion of the bowel on the affected side brought into satisfactory view the point to which this morbid growth was attached. It exhibited a somewhat cellulated, but firm structure, and at its point of attachment there was a fistulous opening in the mucous membrane, which was yielding a free discharge. Into this opening I introduced a pretty large tent of vegetable caustic; every morning, after arising, the injection of soap-suds, to wash out the parts thoroughly. The paroxysms of pain continued in the meantime to return, with their accustomed severity very slightly diminished. The podophyllin was again given, as well as the antibilious physic, both of which operated more satisfactorily than before, but still requiring large doses to produce the desired effect. I discovered the muco purulent discharges constantly increased in quantity, and became more offensive. The tents of vegetable caustic seemed to detach the morbid growth from the points of its adherence more and more perfectly, until about the 27th of August, after the dressings had been applied, consisting of the tent, a plaster of the black salve, and the T bandage, to maintain the applications in their proper positions, the patient experiencing some sensations of uneasiness, took the dressings off, and, in attempting to remove the tent, seized hold on the detached portion of the tumor or morbid growth, and applied the necessary force to extract it, and on the occasion of my next visit, I gave this remarkable morbid growth, which had been preserved, a close examination.

I found it to be in shape, somewhat cylindrical, slightly flattened on one side, and in length from seven to ten inches, and in diameter from an inch to an inch and a half, somewhat enlarged at and near its upper extremity. It was considerably cellulated in its structure, being enveloped in a thick, tough, and strong membranous coat, which was perforated in many places by the aforesaid cells, the internal surfaces of which seemed to exhibit an ulcerated appearance. One of the most remarkable features connected with this singular morbid phenomenon, was the extreme toughness, strength, and firmness of its texture, being remarkably difficult to separate its parts or tear them asunder.

Immediately after the removal of this substance, the patient commenced improving with considerable rapidity, but had occasionally some return of the old pain, which gradually subsided, and the patient very soon again was restored to his natural health, by the use of the restorative bitters, morning, noon, and night, in doses of from a half to a wine-glass full. The antidyseptic pills

were taken, to prevent any constipation of the bowels, which indication they seem to fulfil very successfully.

It has seldom fallen to my lot, (although engaged in a very extensive practice for the last twenty years,) to meet with a case in which it was so difficult to form a correct diagnosis, especially during the early periods of the attack; neither do we often encounter a case which would present us with a greater variety of difficulties in its treatment, than were presented by the case of Mr. Tice.

CASE 2.—Mr. Woolley, a gentleman of middle age, somewhat corpulent had been the subject of an attack of fistula, which had given him more or less trouble for some years prior to the time I was called to see him, and he had been for two or three months preceding my first visit, which was on the 29th of March, 1847, under the treatment of Dr. Avery, a gentleman who was supposed to be eminently qualified for the treatment of such cases, in consequence of the advantages derived from a residence of several years in Europe, and an attendance on the practice of some of the largest hospitals of Paris and London; and I have no doubt that he was well versed in the doctrines and practices of the Old school fraternity; but it seemed that his progress in the management of Mr. W.'s case was not satisfactory to the patient, and I was accordingly called, as above indicated.

Upon an examination, I found a fistulous pipe situated about an inch, or perhaps not quite so far, from the verge of the *anus*, penetrating the *rectum* about two inches above its termination. The patient was also affected with sundry constitutional symptoms, such as costiveness, headache, restlessness, and occasionally some slight evidences of febrile excitement and hepatic torpor. I commenced the treatment by washing out the fistulous pipe, by the injection of soapsuds once or twice a day, and by the introduction of a strong solution of the vegetable caustic in the same manner, after which a suitable sized tent was prepared and stiffened by beeswax, and thoroughly armed by the powdered vegetable caustic, and introduced up the pipe as far as possible, with a view to enlarge the capacity of the pipe, and destroy the callous formation around it. This course was continued for three or four weeks, in conjunction with a few mild doses of physic and the *alterative syrup*, the syrup being given as usual, in doses of from a half to a wine-glass full morning, noon, and night. On the 28th of April a ligature was introduced, through the fistulous pipe, and brought out through the rectum, and firmly tied in such a manner as to tighten it at pleasure, by means of a piece of smooth rounded pine stick, about one inch in length, and the eighth of an inch in thickness, which was placed under the ligature, by which, when it was turned, exercised the tightening effect, which, however, became necessary only

once or twice before the ligature eat its way through, and laid into one the cavity of the pipe and rectum. After the ligature had accomplished its work, the remaining portions of the diseased and callous structure being exposed freely to the action of the caustic, were speedily removed, and the patient was restored to a state of health, after being under treatment about two months, and still remains in good health.

The superiority of this plan of management over the ordinary cutting plan of treatment, has been so clearly demonstrated to the minds of all who have witnessed its effects, as to make it unnecessary to adduce any special reasons and arguments in favor of its universal adoption. On this subject, it is believed that nearly all candid and thoroughly scientific medical practitioners, of liberal and investigating minds, will unhesitatingly give their preference to the course indicated in the above treatment of Mr. W.'s case. I have treated numerous cases according to the principles presented in this report, with the same satisfactory and unvarying evidences of success.

A CASE OF CHRONIC GASTRITIS SUCCESSFULLY TREATED.

BY DR. R. R. HOPKINS.

Messrs. Editors :

I HAVE treated several quite interesting cases since I commenced practice in this place, and it would gratify me considerably had I time to report them. One of these, to which I would call your attention at this time, is a most palpable triumph of the reformed practice over the old system, which is so rigidly adhered to in many cases, contrary to reason and common sense.

About the 1st of September I was called upon by Mr. F., who had been suffering severely for two years from chronic gastritis, and had been thoroughly treated by Old school physicians, yet had continually grown worse. He asked my candid opinion concerning his case. I told him plainly that his case was a very doubtful one indeed. It was difficult for him to make up his mind to try another system of practice, contrary to the suggestions of his friends, particularly as the physician attending him was his own brother-in-law. Two days afterwards, (Monday,) he called for me to commence the treatment, but did not get to see me until Wednesday. He returned to the physician attending him, and told him he

would give him a week more to try his skill, and if he was then no better, he would commence with the reformed system.

They tried, as they said, a mild course; but at the end of the week he was not able to be out of bed, and could not bear the weight of his pantaloons over the region of his stomach. My friends advised me not to treat the case at all, as I would certainly lose it; but I was determined, in one case at least, to make people already strongly prejudiced, acknowledge the superiority of the reformed treatment over the orthodox system.

I commenced with an emetic tea, composed of *asclepias tuberosa*, eup. perfol., and ict. fœtid, making a strong infusion, and giving one tea-cup every fifteen minutes for four or five hours. I then gave a mild, but effectual emetic, composed of our common emetic powder, followed by the antibilious cathartic; applied a large irritating plaster over the stomach, and gave restorative bitters alternately with alterative syrup and pulmonary balsam, as he was troubled with a cough. I repeated the emetic every other day for two weeks. Every morning I directed a bath of ooze of the *quercus alba*, and at night a bath of weak ley. This was kept up for one month, and I have no doubt but it contributed no small share towards the recovery of the patient. The hep. powder, combined with one-third ipecac, was given three times per day, in from three to five grain doses. It is now not three months since I commenced with him, and one month ago he was able to ride around in his buggy and see his friends. This is an outline of the treatment, merely, giving the principal means used.

What renders this case still more interesting is, that his wife lay sick in one bed and he in another, in the same room, and also her child. Herself and child were treated by his former physician, and both died; he, receiving the reformed treatment at the same time, is fast recovering. I have lately treated one of his remaining children, and the result was a rapid recovery. These are facts, and cannot be evaded, and it is such facts that have given an impetus to the ball of medical reform that cannot be checked.

CLARKSBURG, DECATUR COUNTY, IA.

GERANIUM MACULATUM A CURE FOR MERCURIAL SALIVATION.—Dr. Geo. M. Maclean has used in one case of mercurial salivation, he says, (*N. Y. Jour. Med.*, May, 1848,) an infusion of the *Geranium Maculatum* as a lotion, with speedy and entire relief.

Part 2.---Selected.

ON COLD, AS A MEANS OF PRODUCING LOCAL ANÆSTHESIA IN SURGICAL OPERATIONS, AND CERTAIN PAINFUL DISEASES. *By James Arnott, M. D., &c., Brighton.*—In the last *Lancet*, I published some remarks on the production of partial insensibility, as a substitute for the general insensibility caused by ether or chloroform. The present paper will contain a continuation of these, and is intended, by communicating the results of further experiments and observations, to facilitate the general application of the local anæsthetic which I have recommended.

The old problem respecting the introduction of anæsthesia, for medical purposes, to which the reputed feats of mesmerism have again drawn the attention of inquirers, has been greatly misunderstood. It is not alone required that pain should be prevented, but that this should be effected without incurring danger; to such a degree, at least, as would counterbalance the advantage of the anæsthesia.

If the first thing required—the mere prevention of pain—were all that was necessary, there would be no difficulty of solving the problem. The body may be rendered insensible to pain by a great variety of methods. About twenty years ago, it was actually proposed, by a writer on surgery of some eminence, that patients about to undergo painful surgical operations, should be previously bled to syncope, in order that the operation might, during the continuance of the fit, be painlessly performed; and, I think, a case was related of amputation of the breast effected under these circumstances. This was exceedingly bold; but, if the avoidance of danger were to form no part of the problem, a more expeditious plan might have been resorted to. Had the patient been knocked down, the operation might have been completed before the stunning effect of the blow had ceased!

Apoplectic congestion of the brain artificially produced; stupor from intense cold; extreme intoxication from alcohol, or narcotism from opium, ingested or inhaled; asphyxia, from immersion in water or other causes; the artificial production of epilepsy, catalepsy, or hysteria, (with one or other of which the mesmeric condition alluded to must be identical or nearly allied,) are all possible methods of causing insensibility, but all so dangerous, uncertain, or otherwise objectionable, that medical men have generally been unwilling to use them. Amputation, however, has (as we are informed by Mr. Lawrence, in a paper in the *Medical Gazette*)

been performed apparently without pain, while the patient was drunk; and I have myself witnessed what is usually a painful operation performed without pain during a fit of epilepsy arising from natural causes.

The inhalation of ether or chloroform is another method of producing insensibility, though probably not materially differing in principle from the exhibition of alcohol or opium. Does, or does not, this new anæsthetic belong to the same category in respect to danger as those just enumerated? The question must be answered in the affirmative. Etherization is undoubtedly of the same character; if it differs from the above in respect to danger, it is only in degree. It certainly is not so objectionable as some of them on this account, but it is still, as a common application, or when used indiscriminately, very objectionable. Many well-authenticated cases of *sudden* death from these agents have been published. Five or six fatal results, from the use of chloroform alone, have happened in the hands of English practitioners.

The opponents of etherization are not satisfied that the fatal results published constitute the whole amount of mischief. They presume that a much greater number, both of sudden and eventual deaths from this cause, have not been published. They ask, "What practitioner is unacquainted with cases of violent disorder from chloroform, which have terminated, or may eventually terminate, in deaths, of which the coroner takes no cognizance?" And they declare it to be surprising, that so many deaths from chloroform should have become generally known, considering how rarely, for obvious reasons, the fatal consequences of the use of other powerful medicinal agents are published.

The danger to the patient, from the effects of these agents on his system, is not the only objection which has been made to them. With the loss of his consciousness, he loses the power of guiding and aiding the surgeon under very important circumstances. He cannot, in this condition, prevent the surgeon's enclosing a nerve in the ligature which he places round an artery, or his seizing a fold of the bladder with the forceps, in searching for a stone. He cannot assume certain suitable postures at the bidding of the surgeon; and when convulsive movements are caused by the anæsthetic, (as is frequently the case,) the surgeon is obliged to proceed under great difficulties, or suspend the operation, until the anæsthesia has passed away.

With these opinions of the operation of this new anæsthetic agent, it is not surprising that its opponents should speak of it in no very measured terms. Etherization has been called "a compound of apoplexy and asphyxia;" and it has been denounced as a practice condemned not only by our knowledge of the effects of analogous substances, and by experiments on the lower animals, but by its numerous fatal results.

Those, on the other hand, who approve of etherization, attribute the mischief it has done, more to a want of discrimination of the suitable cases on the part of the practitioners who used it, and to an improper mode of administering it, than to any inherent dangerous property. They acknowledge that there are many cases of disease of the heart and other organs, in which it would be highly improper to use ether or chloroform; and they contend that as much care is required in its administration as in that of other powerful medicines. Yet few, I think, would now, as in the first burst of their admiration, be willing to rank etherization as the leading medical discovery of the age, and to pronounce it the equal of vaccination in importance.

Without attempting to decide which of the extreme opinions advanced on this question approaches the nearest to the truth, it must, I think, be admitted that the problem, how to obviate pain without incurring danger, has not been solved by the discovery of etherization. It is undeniably attended with very considerable danger, both from its immediate or eventual effects on the system, and from the patient's loss of consciousness while under its influence.

The method which I have recommended for producing *anæsthesia* may not perhaps be found so effectual as ether or chloroform in removing the whole of the sensibility; but if it should remove so much of this as to render surgical operations tolerable, and consequently less dreadful, and prevent that portion of hazard attending them which proceed from excessive pain, without adding any new hazard of its own, it would be entitled to a preference. The most strenuous advocates of etherization would not object to its use in cases in which, from some constitutional peculiarity, this condition cannot be produced, or where severe organic disease forbids the attempt at its production; while those, on the other hand, who think that ether and chloroform should be banished from surgery, would not, it may be presumed, hesitate about the substitution of an *anæsthetic* agent which, with the greater part of the advantages of these, has none of their dangers or defects.

The imperfection of this plan, in its only partially preventing the pain in some cases, is, when compared with ether or chloroform, more than compensated by its not affecting the consciousness, the loss of which, under the use of the *anæsthetic* agents at present employed, would be deemed a greater evil by many patients than the pain which these agents are capable of preventing.

In the month of November last, I suggested the substitution of local *anæsthetic* agents for the inhalation of ether. This idea has since been taken up by Professor Simpson, of Edinburgh, and Mr. Nunneley, of Leeds, who have both published the results of their experiments. It happens, rather singularly, that the agent (chloroform) which one of these gentlemen pronounces to be *anæsthetic* when applied to the eye, should be declared by the other to be an

irritant and a heightener of the sensibility when so used. It is not difficult, however, to explain this seeming contradiction. As a general principle, it is probably true, that whatever highly stimulates the surface to which it is applied, will eventually, and in consequence of this stimulus, reduce, to a certain degree, its sensibility, but one would not have expected more from such applications than the very limited and practically useless effect which was produced in their experiments.

The more certain and effectual local anæsthetic which we possess in the application of cold has been generally described in my preceding paper. We have all had experience of this anæsthetic, to a certain extent, in frosty weather; and its artificial production in no wise differs from this natural agency, except in degree and the power we have in controlling it. Every minor degree of cold has probably a proportionate effect in diminishing sensibility, but a certain low degree is requisite to render the anæsthesia complete. Fortunately, this is not below that point which may be applied with perfect safety—for, as every one knows, very low degrees of cold act as injuriously on the animal structure as very high degrees of heat.

The degree and continuance of cold necessary to produce anæsthesia, will be in an inverse proportion to the heat of the part to which it is applied, or rather to its power of generating or transmitting heat. In the natural state, a temperature of the freezing point of the thermometer would in most cases be insufficient, unless of long continuance; but it would be otherwise if the circulation of blood in the part were very languid or obstructed. A temperature ranging between 5 deg. and 25 deg. Fahr. (which can be easily procured by the common frigorific mixture of pounded ice and salt,) will produce complete anæsthesia of the skin in two or three minutes. The sudden application of this degree of cold causes a slight tingling or smarting, but not any very unpleasant sensation of cold. It will be proper, however, not to depend upon the period elapsed, but to examine the skin from time to time, in order that the refrigeration may not be carried to an unnecessary extent. A degree, or continuance of cold, that, under natural circumstances, and without pressure, would solidify the adipose secretion under the skin, will generally be found greater than is required, and ought not, therefore, to be produced. Whether the several tissues require different degrees of cold to produce anæsthesia of them respectively—whether a short continuance of severe cold is more or less anæsthetic and useful than a minor and more prolonged degree—and whether the application of more than one degree might not be advisable in producing deep or extensive anæsthesia, are points remaining to be determined; but any uncertainty about these need not impede the immediate substitution, in many cases, of this anæsthetic expedient for the present dangerous process.

The anæsthesia of the skin, produced in the manner described, lasts for several minutes, and the only other consequence of the cold is a slight and quickly evanescent blush.

In my former paper, I described the mode of applying the frigorific mixture, by means of a thin or prepared bladder. It may be applied directly to the skin, by means of a common wine or beer-glass, containing such a quantity of ice and salt in their dissolving state, as will insure a continuance of a sufficiently low temperature; but, in order that the skin may be examined from time to time, it is more convenient that the vessel containing the mixture should, like the shade or glass chimney of a lamp, be open at both ends, or that it should be made removable, by having a bottom consisting of thin membrane. Cold may be applied to the whole circumference of a limb, by dipping it into the mixture, after covering the part which is not to be refrigerated; or the limb may have a sort of funnel slipped upon it, of a size or depth proportional to the surface intended to be rendered insensible. Other contrivances, suitable for particular purposes, will be obvious to every surgeon; nor will a variety of means of combining pressure with the cold be of more difficult attainment.

I am sorry that I cannot yet speak with certainty of the depth to which anæsthesia from cold can, when combined with pressure, be carried. The dissecting off a small portion of the skin without pain, (an operation which I have repeatedly performed, and which is by far the best mode of forming an issue,) shows that the anæsthesia of the skin, the most sensible of the animal tissues, is complete: and if the skin were deprived of its sensibility, there are few operations that would not lose half their terrors. It must not be forgotten, likewise, that in some operations there would, as in the unconsciousness attending general anæsthesia, already adverted to, be a disadvantage in producing complete anæsthesia of all the tissues concerned. Is the safety of the patient to be hazarded in these cases, in order that he may be relieved from a slight and very tolerable degree of pain?

Before concluding these remarks, I may mention that the surgeon would do well, before employing it in operations, to make himself familiar with the effect of cold, by applying it in the manner described to his own arm. He will thus best learn how to regulate the degree, and be immediately convinced of the essential difference that exists between such moderate and brief applications of cold, and those effects of it which happen from exposure of the body in high latitudes, or severe winters.

With the same view, his first employment of it may be in the minor operations. A French writer mentions, that he does not hesitate to employ chloroform to obviate the pain that would be caused by cauterization, or the application of the moxa; and there are many other similar operations in which we should be glad to

save our patients from suffering, if this could be done without hazard.

In the same work which contained the original suggestion of cold as an anæsthetic in surgical operations, it was proposed to employ it as a remedy in neuralgia. The unequivocal advantage I have derived from its use in one case corroborates the opinion I had formed, and induces me to think that its influence would be deeper, and its effects more permanent, than the action of aconite and the other 'narcotics. If a finger be kept immersed for a little while in a frigorific mixture, a deep-seated numbness will be produced, and will continue for many days afterwards.

A degree of cold below the freezing point of water is, I believe, a new agent in therapeutics, which could probably be usefully employed for various other important purposes. A solution of salt, of a very low temperature, by acting on the exposed nerve, might at once, and permanently, remove toothache; and a frigorific mixture contained in a bladder, or other waterproof case, would probably be a powerful means of checking hæmorrhage in accessible internal parts, or during surgical operations. The same principle might also be usefully applied in the treatment of cutaneous and other superficial diseases, attended with distressing sensations. A minor degree of cold, when long and uniformly continued by means of the current apparatus, I have found an efficient remedy in many such cases; but lower degrees of cold, carefully applied, might, under certain circumstances, prove successful, when a higher temperature would fail.—*London Lancet.*

TREATMENT OF BURNS.—[Mr. Dorning of Swinton, after stating that the Lin. Terebinth of the London Pharmacopœia, spread upon tow, was the ordinary application to burns, when he was a pupil at the Manchester Infirmary, says:]

It is now upwards of twelve years since I commenced practice, and during that period I have again and again been called upon to attend colliers burnt by explosions in the coal mines, which in this neighborhood are of very frequent occurrence, and during the whole of this time I have employed flour as a dressing, except in one case, when it occurred to me that I would apply flour to one arm and cotton to the other, (both equally severely burnt,) in order that I might judge which was the best. The arm to which the flour was applied healed somewhat more rapidly than the other, and with less pain to the patient, thus confirming my impression of the great value of flour as a dressing in burns. I now use it in *all* cases, be they extensive or the contrary. In the slighter cases I think its effects are more satisfactory even than in the severe. When the burn is upon the back, I keep the flour in apposition by

means of cotton, which I procure in long flakes, "carded," and apply from the shoulders to the waist, and then crossways round the waist, so as to effectually retain the flour upon the burnt surface. The flour must be of the *best quality*, and applied freely. In December, 1843, I attended two of the Earl of Ellesmere's colliers, at Worsley, which were dressed with an inferior kind of flour furnished by the patients; they were proceeding less satisfactorily than I could have wished; I therefore procured some *fine flour* in my own neighborhood, and was surprised at the improvement the change had effected in a few days. I apply the flour with a "dredger," and allow it to "cake," simply directing the attendant to remove any discharge with a piece of soft old linen, or cotton wool, and not to disturb the "cake," but allow it to become detached of itself, when it must be removed, and the raw surface again covered with flour; and this process must be repeated until the "cake" on detachment leaves a healthy surface, which it generally effects in fourteen or sixteen days. The pain produced by flour is, in my opinion, considerably less than is produced by any other mode of dressing, and most certainly not a *tenth* part so severe as the dressing with linimentum terebinthinæ, above alluded to, occasions. There is also considerably less risk of contractions following the cicatrization of burns cured by flour, than those cured by other means. I may state, that next to flour, I consider cotton the best application in burns.

The ulceration remaining after severe burns I heal with ceratum calaminæ, unless it is in the vicinity of the hands or face, when I continue the use of flour.

[Dr. H. Barker, of Bedford says:]

As dresser and house surgeon under Liston, whose premature death the profession now so keenly laments, I had ample opportunities of observing the good effects of the external application of flour; and so convinced was this distinguished surgeon of the superiority of that over all other applications, that he proscribed everything besides. His mode of applying it was by the common dredger, taking care to cover every part of the affected surface. He enjoined the repeated application of the flour to those parts where the discharge of serum oozed through the first applied portions of the powder. He was also careful not to disturb the application until it had completely caked together, and had become loosened by the discharges underneath.

This is the plan of treatment which I have since invariably followed. The application of the flour is very soothing, and in a few cases, in which other modes of treatment had been previously resorted to, the application of the flour has speedily been followed by the most marked relief of pain, and diminution of the consequent constitutional irritation. Flour of the finest and best qual-

ity should be used; it should be lightly and freely applied, and the complete exclusion of the air should be secured by repeatedly dredging the parts where the escape of serum takes place; perfect quiet should be enjoined, and the application should be allowed to remain until thoroughly undermined by the discharges. Several days, in some cases, will be required to effect this, when the masses of caked flour may be readily removed. I have then had recourse to water-dressing, by means of lint and oiled silk. Cicatrization, if tardy, has been promoted by the substitution of a weak solution of sulphate of zinc for plain water, and exuberant granulations have been effectually repressed by lightly rubbing over the surface a smooth piece of sulphate of copper. The most important indication in these cases is the alleviation of pain and constitutional irritation, by the thorough shutting out of the air; and no application appears to me so effectually to accomplish this as the application of fine flour. It would seem to act less as a foreign body, and better to supply the place of the cuticle, than any other application with which I am acquainted. Indeed, such good reasons have I had to be satisfied with this mode of local treatment, that, unless the weight of evidence which you may collect should greatly preponderate in favor of some other application, I shall not be induced to try any other.

With regard to the constitutional treatment, I have little to say more than that, in my hands, the *muriate of morphia* has been found to be the most eligible form of anodyne. It is followed by less inconvenience than any of the crude opiates.

In conclusion, the application of flour to burns and scalds is probably that which could be more promptly and readily adopted by the public than any other. I would suggest, if the medical attendant be not within immediate call, that the patient be placed on a firm bed or matrass, with the head somewhat elevated, and the injured parts of the surface uppermost; if the limbs be involved in the injury, that they be placed in a straight position; fine flour should then be perseveringly sprinkled over the affected parts by means of a dredger, so as thoroughly to cover the surface. Should the injury be severe, and the distance from the surgeon so great as to render it impracticable for the case to be seen early, strong beef tea may be freely administered, but in no case should stimulants be given, unless under medical direction. These are all the instructions on the subject which I consider as necessary for the public, and it is my decided opinion that the immediate application of flour in the manner directed, would be followed by much less suffering than of any of the thousand and one popular remedies which we are accustomed to meet with.—*Braithwaite's Ret.*

SMART-WEED.—*A Remedy for Mercurial Salivation and Aphthous Stomatitis.*—Dr. Wilcox, in the American Jour. Med. Sci. for July, communicates his observations on the use of a decoction of the leaves of this article as a remedy. He was first induced to give it a trial from the fact that farriers employ it with success for the cure of that disease of the salivary glands of the horse called slabbering. In speaking of the success attending its use, he says: "I have now employed it in about twenty cases of mild mercurial salivation, and have uniformly procured the same prompt and complete relief. I have tried its use in two of the severer forms, attended with numerous and deep ulcerations; these cases were made much more comfortable, but not cured. The benefit I derived from it in salivation, induced me to make trial of it in the follicular stomatitis of nurses, which appears to be endemical to the valley of the Chemung river. Within the last three years I have prescribed its use in ten cases, and, without an exception, they have been speedily and entirely relieved. I am not prepared to state what can be accomplished with it in those cases of aphthous stomatitis connected with a tuberculous state of the constitution, having yet had no such case; neither have I used it where the ulcerations were deep; in such cases other remedies will, doubtless, be more effective. My mode of using it, is to take about an ounce of the dried leaves and tops, water one pint; boil twenty minutes and strain. The mouth is washed with it every hour through the day."

DR. J. W. STERLING ON GUAIAECUM IN DYSENTERY.—With the hope that the introduction of a new remedy in the *treatment of acute dysentery*, may alleviate much of the protracted and almost insupportable suffering usually attendant upon this disease, I would beg leave to inform you, that since the middle of September last I have made a free use of the pulvis gum. guaiaci in all the cases of this malady which have come under my care, and without the slightest desire to change it for any other remedy. At first, I gave it in doses of ten grains, three times daily, mixed with some mucilaginous liquid; but afterwards, the following formula:

R—Pulv. guaiaci (this ought to be very fine, much finer than I could obtain it,) 3v.

Mucilag. gum. acaciæ. Syrupi simp. aa 3iij.

Aqua. puræ, 3viij. Misce.

Of this mixture, one wine-glassful (3ij.) was directed to be given three times a day, or every six hours. It is well to observe, that the gum resin is not dissolved in the menstruum, but must be held in suspension by shaking the viol, and thus administered in substance.

It was seldom necessary to administer more than twice the quantity of guaiacum specified in the above formula, for in four or five days the disease was generally conquered; and then for allaying those irregular pains, which are necessarily consequent to the irritable or atonic state in which the muscular fibres of the intestines are generally left after acute dysentery, resort was made to soothing remedies, such as pulvis g. tragacanth, in doses of 5 grains, frequently repeated, or mucilage of gum Arabic with syrup, in 8 oz. of which about 2 grains of the sulphate of morphia were held in solution.—*N. Y. Jour. Med.*

THE CHOLERA—HOW TO CURE IT. *By Samuel Forwood.*—As there appears to be some excitement at this time respecting the cholera, and many persons are giving their opinions about the best modes of treating the disease, I feel it my duty to add what little I know to the general stock of information upon the subject.

In 1832 I was stationed two miles from Louisville, superintending the construction of the Louisville turnpike road towards Bardstown. Upwards of two hundred hands, white and black, were employed upon the road. The first two cases of cholera that actually occurred in Kentucky were among these hands, and at least one week before any case was reported in Louisville. As it may possibly be beneficial to some patients, who may not have a physician at hand, to know the particulars of these two cases, and my manner of treatment, I will detail them:

About 11 o'clock at night I was called from my bed to see John Porter, who was a sober, healthy young white man. He had violent spasms, with vomiting and severe purging; he informed me that he had not been awake more than twenty minutes; he requested me to send for a physician, and although I had two eminent regular physicians engaged—who lived in the city, and were always punctual in their attendance—his case was so desperate that I was afraid he would die before they could possibly get to him; and feeling assured that it would be imprudent to delay, I determined to do the best I could in treating the case myself. I first gave him a quick stimulating emetic, prepared from the lobelia seed, which checked the vomiting and purging, but had little effect upon the spasms. I then applied the steam bath, having his feet and legs at the same time immersed in water warm as he could bear, which was made strong with salt and wood ashes. I then sweetened a tumbler of warm water, and put in it a teaspoonful of number six and about the fourth part of a teaspoonful of cayenne pepper, and gave him one-third of it when I commenced sweating him, and the balance at intervals while he was sweating. By the time he had been sweated ten minutes, he was free from spasms

and pain, but I continued the sweating ten or fifteen minutes longer, then wiped him dry, as quick as I could, and put upon him a dry shirt; he then laid down and went to sleep.

In a few minutes afterwards I was informed that a sober and healthy young negro man of my own was about to die. I found him in more violent spasms than Porter, and was vomiting and purging equally as severe. He told me that he had not been awake more than fifteen minutes. I proceeded with his case as I did with Porter's; when the emetic was done operating, I commenced sweating him; (the spasms still violent;) in about ten minutes he was relieved, and said he did not feel the slightest pain, and in one minute more was in a sound natural sleep. I stopped sweating him to look at him; but he was seized with spasms, and was instantly wide awake; I then proceeded with the sweating, and in five or six minutes he was relieved, and fell asleep again. I ceased sweating him to look at him, and he was again instantly awakened by the spasms. I then sweated him for at least fifteen minutes without any intermission, making the whole time of sweating fully half an hour; soon after he laid down the spasms returned; I then gave him a tablespoonful of spirits of turpentine, which relieved him, and he went to sleep, and the next morning he and Porter went to work and remained well. They had lodged about one hundred yards apart: Porter slept in the open air in a wagon body, placed about four feet above the ground, with a teat cover over it, and the negro slept in a house.

I informed my physicians of the manner in which I had treated the above cases, and was advised by them, that should any more of the hands be attacked in the same way in their absence, to pursue the same course, and I continued to do so with like success throughout the season. In 1833, when the cholera returned, I continued the same treatment until I discovered that a medicine which I had prepared and used in my family for the common diarrhoea for some years, would check the cholera in its early stages, and I used it throughout the balance of the season with success, except in a few cases which were very violent, and then I resorted to the first mode of treatment.

After I had discovered that the medicine was so useful in the early stages of the cholera, I published a receipt for making it in the Louisville Journal and the Bardstown Herald. A number of apothecaries prepared it, and called it "Forwood's Drops," and when it was properly made, much benefit was derived from its use; but some apothecaries did not make it as I directed, using inferior ingredients.

When the cholera appeared again, in 1835, I was engaged in building a turnpike road in Nelson county. I continued to use these drops, seldom having to resort to the first treatment.

It may not be improper here to give a short account of my own

case. In 1835, having been unwell for several days, I concluded to take a dose of calomel, and did so in the morning; about 10 o'clock I took a dose of oil; at the usual time my bowels were operated upon, and continued to be for some time; upon examining to see if the calomel had the desired effect, I was much alarmed to find that it had no effect, but that it was the cholera which had been running upon me. I then doubled the quantity of calomel, which still had no effect. The cholera discharges continued until I was very near going into collapse, the cold perspiration rapidly forming upon my head and hands, and spasms began. I then resorted to sweating, and with great difficulty succeeded in producing a warm perspiration, which immediately relieved me. I will further remark, that about five or six hours after I got relief, the calomel and oil operated. About one week from that time I was again taken with the cholera, and I was entirely relieved by taking the cholera drops.

Owing to the success which attended my method of treatment among the hands in 1832 and 1833, I was very often called upon to visit persons in the vicinity of the road where I was stationed. With some I succeeded, but with the greater number I could give no relief. These were extreme cases, in which the patients were collapsed—the cases were too far gone. I do not know the number of cases I treated among the hands upon the road, but I recollect, in 1833, of seven cases in one day. I had thirteen cases in my own family during the prevalence of the cholera.

I never administered the emetic unless the patient was vomiting, and I never gave the spirits of turpentine only when I thought the spasms could not be checked by the ordinary course of sweating. No death by cholera occurred in my family, or among my hands on the road, during the prevalence of that disease.

Of the effect of habit upon the system, I would add that I found it more difficult to relieve persons of intemperate habits than those who were sober and steady.

For the sake of those who may wish to make the cholera drops referred to above, I add the recipe:

Recipe for making Forwood's Cholera Drops.—Take half a pound each of white oak bark, sweet gum bark, and dewberry briar, when green; bruise them well; put this in six quarts of water; boil down to three pints, then strain; boil this liquor down to half a pint; put it in one quart of the best French brandy; then add two ounces of the essence of peppermint, one ounce of laudanum, and half an ounce of the oil of cinnamon; then take one ounce gum myrrh and half an ounce gum of kino, cut and digest them in half a pint of absolute alcohol, and add it to the above liquor; then take one and a half pounds of loaf sugar, one ounce of cloves, one teaspoonful of red pepper, and three nut galls, all

well pulverized; add this to the liquor. Be sure that the very best articles are used in the above preparation.

For cholera, a tablespoonful for a grown person; children in proportion to their age—repeated every fifteen minutes, if necessary.

For common bowel complaints, half the above quantity.—*Louisville Democrat.*

REPORT OF A CASE OF CHOLERA TREATED SUCCESSFULLY BY RECTIFIED OIL OF TURPENTINE, ADMINISTERED INTERNALLY AS A SPECIFIC. *By Richard Brown, Esq., Surgeon, Cobham, Surrey, November, 1848.*

October 26th.—A. E.—, aged fourteen, having suffered from severe bowel complaint, presented all the symptoms of cholera in the stage of collapse. The bowels acted incessantly, and any thing taken into the stomach was immediately rejected; the pain around the umbilicus was intense, attended with severe cramps of the legs; the pulse exceedingly small and scarcely perceptible; tongue coated in the centre, and flabby; the surface of the body much below the natural standard; the countenance of a blue cast, and expressive of the greatest anxiety; so decided, indeed, was the symptom, that I considered the case almost without hope. But I had determined to treat the first case of cholera that occurred in my practice with rectified oil of turpentine, given internally, the active principle of which—camphogen—possesses stimulating, diuretic, diaphoretic, sedative, antispasmodic, antiputrescent properties. I administered immediately one drachm of it, combined with mucilage and aromatics, directing it to be repeated every two hours, and ordered the patient to be kept warm, and to take meal broth, with an excess of salt. A teaspoonful of brandy, or more, would be a good adjunct to each dose of the medicine, should it produce nausea or vomiting.

In the evening of the same day I found all the symptoms mitigated; the purging and vomiting had ceased, the pulse was raised, the surface of the body warm and perspiring, the pain around the umbilicus diminished, and the cramps were less violent, but the countenance still bore the appearance of great anxiety. The turpentine mixture to be continued every four hours.

27th.—Continues to improve; much of the anxiety of countenance had vanished, but the pain in the belly and cramps of the legs still remain, although much relieved. I desired the mixture to be taken at intervals of six hours, and ordered two grains of calomel, as the bowels had not acted.

28th.—Much better; no pain in the belly nor cramps in the legs, and does not feel sick from the turpentine, which can be easily detected in the urine, in the evacuation, which is semifluid, and in

the skin also. The patient says she smells of turpentine. Discontinued the medicine.

29th.—The patient is up, and although exceedingly weak, there is no trace of any alarming symptom remaining. The bowels have acted, and the evacuation is more healthy. A mild tonic and alterative plan of treatment was all that was necessary to restore the patient to her usual health, and she is now well.

In some observations on this case, Mr. Brown remarks: Turpentine hitherto has been employed as an auxiliary, applied externally to the abdomen, and occasionally administered as an enema, or by the mouth; but I have not observed one instance in which this remedy has been resorted to alone, and in the light of a specific in the treatment of cholera. It was with this view, however, I prescribed it, and in sufficient quantity to insure its full effect, and the result is such as to urge me to recommend a fair trial of it, as the sheet-anchor; for its power of arresting the morbid changes of the blood in this disease is without doubt in my mind.—*London Lancet*.

ON THE INTERNAL USE OF TURPENTINE OIL IN CASES OF HÆMORRHAGE. *By L. Percy, M. D.*—The author, after noticing the fact that several writers—Adair, Nichol, Johnson, Warneck, Copland, Ashwell, and Pereira—have spoken of the efficacy of the essential oil of turpentine in hæmorrhagic diseases, observes that this remedy seems nevertheless to be little used by practitioners. In the cases in which he first made trial of it, hæmaturia of two years' standing, in an old man of eighty, was stopped in twenty-four hours by eight drops of oil of turpentine, and did not return. He has since used it in different cases of hæmorrhage, and always with a favorable result. The cases in which its use is indicated are those of passive hæmorrhage. It must not be employed in cases where there is an active determination of blood, and when the pulse is full. When the discharge of blood is the consequence of organic disease, as of disease of the uterus, or of tubercular disease of the lungs, the action of the remedy is not so efficacious; but the author has seen a case of scirrhus of the womb, in which the hæmorrhage was for sometime stopped by this remedy. The author has found the action of turpentine oil very rapid, an effect being manifest in a few hours, often after one small dose. In order better to ascertain its power, he used it alone, without having recourse to local astringents or cold applications, where he could do so without fear of endangering the life of the patient. He has used it most frequently in cases of menorrhagia and epistaxis; but he mentions that it appears to him to be more particularly applicable in the cases of hæmorrhage attending typhus. He noticed the

fact that turpentine exerts different actions on the body, according as it is taken in large or small doses, being more readily absorbed in the latter case; and he remarks, that as its beneficial action in cases of hæmorrhage must depend on its being absorbed, the inference would be drawn, that the doses in which it is given in such cases ought to be small. His experience confirms this conclusion. He has always found a dose of from eight to thirty drops sufficient. The best vehicle for it is almond emulsion, with a little gum arabic. When there is pain in the abdomen, a few drops of laudanum may be added.—*London Med. Gaz.*

EFFECT OF TURPENTINE IN DIABETES.—Any remedy which can mitigate and temporarily arrest, if not cure, this troublesome malady, merits attention. A patient, aged forty-four, of a scrofulous diathesis, has been suffering from diabetes for ten months, during which period the minimum quantity of water passed daily was nearly two gallons. About six weeks since, alarming hæmoptysis appeared, (phthisis having supervened,) to relieve which I administered spirit of turpentine. With the first dose the quantity of water diminished greatly, and after she had taken two or three doses of turpentine, the urine was passed in its normal quantity, though not in its normal condition, as I could still obtain sugar by evaporation. On withdrawing the turpentine, the water again increased, and that dreadful thirst, which had been absent, returned.

As the quantity of urine passed continued in very large quantity, I again had recourse to turpentine in the form of Chio turpentine. Instantly, as by magic, the quantity of urine decreased, has remained so, and I well know, that were I to omit the turpentine for one day, two gallons and a half of water would be the result.—*London Lancet.*

IODINE AN ANTIDOTE TO THE VENOM OF THE RATTLE-SNAKE.
By James Whitmire, M. D., of Metamora, Ill.—I wish to say to the profession, through the Northwestern Medical and Surgical Journal, that I believe iodine to be an antidote to the virus of the rattle-snake, and, in fact, the whole tribe of serpents.

My opinion, as to the antidotal property of iodine, has been confirmed by many cases that I could give from my case-book, in which I used the tinct. of iodine alone, with the effect of putting an entire stop to the swelling and pain, in from twelve to sixteen hours. I have used it in bites of the rattle-snake, viper, and copper-head, on both man and beast, with complete success. My manner of using it is to paint the part that is bitten, and as far as

the swelling extends, with three or four coats of tinct. (pharmaceutical strength) twice daily; and should the swelling extend, which it almost always does after the first application, if made any time soon after the infliction of the wound, I follow it up with paint. By the time the third application is made, the tumefaction will cease to extend, and three or four more applications will generally restore the limb, or part affected, to its natural state, save perhaps an obtuse sensibility to the touch, owing perhaps to the cuticle being destroyed, and some soreness of the muscles, which will remain a longer or shorter period.

A short history of my first acquaintance with this article may not be uninteresting to some of my readers. In June, 1846, I was reading a little work, by Dr. Guthrie, on the use of iodine in enlargements of the joints, goitre, &c., where its remedial effects were ascribed to its tonic effect upon the capillary and lymphatic vessels of the part. During this time, a lad rode up to my office door, and said that his brother had been bitten by a rattle-snake, and wished me to see him immediately. I had just entered upon the duties of my profession, and, as a matter of course, to use a vulgar phrase, was stumped to know what to do for the boy. I had seen several cases of the kind, and some of them very troublesome ones, too, in which there had been used everything that had ever been recommended, both by the profession and the old ladies. So that it was doubtful in my mind whether there was any remedy known that could be depended upon. I was satisfied that the immediate effect of the virus was a suddenly diffused, low grade of inflammation in the part in which it was injected, speedily extending its ravages until the whole system became a prey to its morbid influence, at which time fever, parched tongue, delirium, &c., followed in the train. The immediate contact of the virus with the capillary and lymphatic vessels of the part is no doubt the cause of the tumefaction that immediately comes on, the virus destroying natural tone. Either the above is true, or the swelling is produced upon the principle of *ubi irritatio ibi fluxus*. This process of reasoning led me to a trial of the tinct. of iodine. In about two hours from the time the boy was bitten, I saw him. He had received the wound about midway between the internal malleolus and the inferior portion of the os calcis; and the swelling had already extended to within three inches of the knee. There was severe pain in the part, nausea, and occasional vomiting. I proceeded to paint the foot and leg as high as the knee with four coats of the tinct. of iodine, and directed four more coats to begin at bed-time, and repeated in the morning. If the swelling extended above the knee, it was to be followed up with the paint. I then gave my patient a dose of Hoffman's anodyne, and a pretty active dose of epsom salts, with directions to leave the leg uncovered the whole time, and took my leave. The next day the boy came to town, on

horseback, to see me. The swelling had ceased to extend about twelve o'clock in the night, and at this time had decreased very considerably. In three or four days, he experienced no inconvenience from the bite, and went about his ordinary occupation.

Since that time, I have had numerous cases of the same kind, all of which have terminated equally well under the same treatment. It is my opinion, therefore, that the iodine, being absorbed, comes in contact with the virus, and neutralizes it, at the same time, giving tone to the engorged capillaries of the part, enabling them to empty themselves of their engorgement. And, if the wound has been inflicted so long that there is effused serum in the cellular tissue, from debility of the vessels, the tinct. of iodine is none the less applicable, as it will speedily promote its absorption.—*Northwestern Med. and Surg. Jour.*

ANIMAL CHARCOAL AS AN ANTIDOTE. *By B. H. Rand, M. D., of Phil.*—As the result of many careful and able experiments, Dr. R. thinks that “we are perhaps justified in drawing, from the present state of our knowledge on this subject, the following conclusions:

“1st. That animal charcoal has the power of withdrawing, when used at a proper temperature and in sufficient quantity, most, if not all, known vegetable and animal poisonous principles, and certain mineral poisons from their solutions.

“2d. That, given at the same time with, or shortly after these poisons have been swallowed, it prevents their deleterious action.

“3d. That, given in cases of poisoning, it can exert no injurious influence, but, on the other hand, promotes vomiting, entangles the poison, and protects the coats of the stomach against it.

“4th. That, although it cannot be substituted for the usual antidotes in poisoning by mineral substances, yet it may be usefully employed in conjunction with them or in their absence.”—*Examiner, September.*

COFFEE AS A DISINFECTING AGENT. *By F. Weber.*—Coffee is one of the most powerful means not only of rendering animal and vegetable effluvia innocuous, but of actually destroying them. A room in which meat, in an advanced degree of decomposition, had been kept for some time, was instantly deprived of all smell on an open coffee roaster being carried through it, containing a pound of coffee newly roasted. In another room, exposed to the effluvia occasioned by the clearing out of a dung pit, so that sulphuretted hydrogen and ammonia in great quantity could be chemically detected, the stench was completely removed within half a minute,

on the employment of three ounces of fresh roasted coffee; whilst the other parts of the house were permanently cleared of the same smell by being traversed with the coffee roaster, although the cleansing of the dung-pit lasted for several hours longer. Even the smell of musk and castoreum, which cannot be overpowered by any other substance, is completely dispelled by the fumes of coffee; and the same applies to the odor of assafoetida. It was remarked, however, that, in general, animal effluvia are more readily affected by it than vegetable.

That here an actual neutralization, and not a mere envelopment of matter takes place, is shown from this—that the first fumes of the coffee are imperceptible, and continue so until a point of saturation, so to speak, is reached, whereupon the obnoxious smell disappears, and that of coffee predominates. The reverse happens with other aromatic vapors, and even with acetic acid and chlorine. Here both coexist until the one completely preponderates. The simplest form in which to use it against contagious matter is in powder. The well-dried bean is to be pounded in a mortar, and to be strewed over a moderately-heated iron plate, until the powder assumes a dark-brown tint. Caffeic acid, and the empyreumatic coffee-oil, act more readily in very minute quantity.—*Med. Gaz.*, Jan. 21, 1848, p. 129.

A NEW AND CHEAP DEODORISER.—This deodoriser, discovered by Mr. Young, of Manchester, who has not patented it, is a waste product from the manufacture of chlorine. It consists principally of a solution of chloride of manganese with a variable quantity of chloride of iron, and generally a little hydrochloric acid and free chlorine. It is produced in large quantities; one house throws away thirty-six tons of the solution daily, and the total quantity is believed to exceed a hundred and fifty tons a day, not any of which is at present usefully employed. Experiments have been made, which have satisfied Mr. Young that this solution has in a high degree the property of preventing decomposition in organic matter; cesspools and other places giving out the most offensive odor, have been immediately sweetened by it. The immediate effect of adding this substance to offensive matter is the conversion of the hydrosulphuret of ammonia, which is the most offensive of the gases of decomposition, into the sulphuret of manganese and muriate of ammonia, or, as it is sometimes called, chloride of ammonia. The latter is a valuable manure, and the former, though of less value, is not injurious to vegetation. Manganese, like iron, possesses no acid metallic qualities, and is, like it, used by nature as a food for plants.—*Health of Towns Magazine*.

ON THE TREATMENT OF REMITTENT AND INTERMITTENT FEVERS IN THE WEST INDIES.

I.—*Circular Memorandum relative to the Treatment of Remittent and Intermittent Fever. Addressed to the Army Medical Officers under his Command, by J. Davy, M. D., Inspector-General of Hospital, Barbadoes.*

[OUR readers will probably recollect the valuable suggestions of Dr. I. G. JONES, of Columbus, at our National Eclectic Medical Convention on the subject of the use of *quinine and prussiate of iron* in intermittent and remittent fevers. The following article from Dr. Davy is interesting as a further illustration of the views of Dr. Jones.—B.]

In a memorandum of the 12th of July, 1847, I brought to the notice of the medical officers in this command the method of treating remittent fever adopted by the civil practitioners in British Guiana, and tried, with apparent marked success, by second class staff-surgeon Connell, both in that district and in Grenada. During the quarter terminating on the 30th of September, a pretty extensive use of this peculiar method has been made in our hospitals, the results of which are so well marked that it appears advisable to communicate them.

Thus it appears that of the hundred and sixty-five cases which have been treated in our hospitals, returned as remittent fever, two only have proved fatal. Of these two, one occurred in Berbice, in the person of an artillery-man; one in St. Vincent, in a man of the 3d West India regiment; and I am inclined to the inference that neither was strictly an example of the true remittent; and this apart from other considerations, from the appearance observed in the post-mortem examination. In the first case, lymph was found on the surface of the brain, and at its base; small cavities, filled with grumous matter, in one lung, and the hepatic duct obstructed by lymph: in the second, decided indications of peritonæal inflammation, with perforation of intestine from a penetrating ulcer in the lower portion of the ileum were present.

If, then, these two cases be omitted from the total of those of remittent fever, we have a hundred and sixty-three that have been treated—the *whole without a single death*—which is certainly a very gratifying and remarkable result, considering that this disease is one of the most fatal our troops have to encounter in the West Indies; that the success is not confined to one station; and that in British Guiana, where it is so strongly marked, the Portuguese immigrants, few of whom have had the same advantages as to treatment as our soldiers, have died, when attacked by this dis-

ease, in large numbers; and they have also, I am informed, in Dominica and in Antigua.

In each station in which remittent fever has occurred, quinine, used so as to produce "cinchonism," appears to have been relied on, and is the chief remedial means employed. In Demerara, it has been commonly used without calomel, but aided by aperients, and when there has been irritability of the stomach, by a small dose of the solution of muriate of morphia, (fifteen drops,) with a blister to the epigastrium. Staff-Surgeon Millar, principal medical officer in British Guiana, in his "Quarterly Report," (which I would recommend to the attention of medical officers, when they have an opportunity to read it,) states: "It requires, on an average, from twenty-five to thirty-five grains of the sulphate of quinine to saturate the system; (that is, to produce cinchonism;) but this quantity must be given within the space of a few hours—four or five grains every hour, in solution, have been found sufficient, in a few hours, to effect it. If small doses are only given at long intervals, it will have no perceptible effect, long after the quantity mentioned has been given, and will, in all probability, prove so much valuable medicine thrown away. When dullness of hearing and ringing in the ears come on, no more of the medicine need be given; the patient will then be found in a state of apyrexia, and the transition complete and striking."

Assistant-Surgeon Dr. Concarron, who had charge of a party of convalescents from remittent fever at Mahaica, sent from George Town, the men of which were peculiarly liable to intermittent fever, found that this disease was also most successfully treated by the production of "cinchonism." He gave a trial to the hydriodate of potash, but witnessed no satisfactory effect from it in restoring the health of the patients.

Staff-Surgeon Richardson, the principal medical officer in St. Kitt's, in the treatment of the cases of remittent fever which came under his care, the symptoms of which were in some respects peculiar, and different from those of the endemic disease in British Guiana, employed calomel and quinine combined, till they had produced their specific effects. In two cases of officers of temperate habits, he was obliged to use stimulants as well, such as brandy, the exhaustion was so great. In the cases of the men treated in the hospital, some of them of intemperate habits, the use of such stimulants was not necessary; during their convalescence he prescribed even no wine, trusting to medical stimulants only.

The subject of diet, always important in connection with hospital treatment, was particularly so during the period of convalescence from remittent fever. In some of our hospitals, wine and beer are rather largely given to the convalescents; in others not, as in St. Kitt's, in the instance mentioned at Mahaica, and without apparent disadvantage. Apart from economy, the consideration is,

which is most for the benefit of the patient, the use or disuse of these stimulants. In a document with which I have been favored by Dr. Blair, of George Town, Demerara, who has had vast experience in the treatment of remittent fever, writing on the point of diet, he remarks: "The dieting of convalescents from remittent and intermittent must have reference to the previous habit of the patient, and most of all to the presence or absence of anæmia. When there is no anæmia, and intemperate habits, vinous stimulants are unnecessary; but when there is a deficiency of red color in the membranes, fresh animal food and alcoholic drinks are necessary for the restoration to perfect health. Malt liquor is, in most cases, preferable to wine. Brandy, largely diluted, will occasionally answer best. Heated palms or restlessness, or discomfort, will require a disuse, or a larger dilution of the stimulant."

I have been favored by another document from this gentleman, relative to the peculiar effects of quinine, a copy of which (having his permission most liberally given to use it as I think proper) is appended to this memorandum, and to which I beg to direct the most careful attention of medical officers: it contains the results of long experience, and relates to diseases of vast importance, in regard to the lives and efficiency of the troops; and should the results be confirmed—should remittent fever be in future as little, or nearly as little, fatal as it has been during the last quarter, treated by the specific under consideration, a vast advantage will be attained.

In conclusion, I have to request that in giving their attention to this memorandum, and to the copy of the paper of Dr. Blair which accompanies it, medical officers will be pleased to keep in mind, that both are submitted to them for consideration, to exercise their reflection and judgment upon, and with the intent that they may prove helps to the establishment of a successful mode of treatment of the formidable diseases to which they relate.

[Signed]

J. DAVY,
Inspector-General of Hospitals.

II.—*On the Employment of Quinine in West India Fevers.*—

When quinine is taken by an adult, to the extent of thirty or forty grains, it produces certain cerebral symptoms, the constituents of which are a ringing noise in the ears, and more or less deafness.

This set of symptoms, where there is no idiosyncrasy, indicates the saturation of the system by the medicine, as pytalism does mercury, and may be conveniently known by the name of *cinchonism*.

Rare instances occur, in which hyper-cinchonism is induced by

a very few grains of quinine, accompanied by many nervous symptoms, and formication so severe as to proscribe the use of the remedy. In some—and this may occur in cases which had hitherto been normal—cinchonism has not been induced till after the administration of seventy-two grains of quinine.

Cinchonism is not peculiar to quinine: by other vegetable febrifuges, such as salicine, augustura bark, and biberine, cinchonism can be induced, but not with the same certainty as by quinine, neither in the same uniform series of phenomena, neither with the same harmlessness.

Cinchonism seldom lasts longer than twenty-four hours, except in some cases of anæmia, in which the writer has known it continue upwards of a week.

Quinine has been prescribed by the writer to patients of both sexes and all ages, and where ascertainable, almost invariably to cinchonism, during thirteen years, and probably to the extent of several thousand ounces of the sulphate; and during that time he has seen no case of danger from its effects, with the exception of three or four cases of imputed abortion.

To many the muffled ears of cinchonism is not even disagreeable. Cinchonism is capable of superseding and suppressing that excited condition of the circulation and animal heat known as fever, except when depending on anæmia, as symptomatic of inflammation, or its effects.

Quinine is purely a febrifuge: instead of being a tonic or stomachic, it generally induces anorexia, and a relaxed or macerated state of the skin, some tremulousness, and in many cases slight aphonia.

As a febrifuge, the full efficacy of quinine is seldom obtained, unless pushed to cinchonism. Cinchonism is, therefore, the test and criterion in practice of the full and sufficient use of quinine. It is probable that the protective influence of quinine against fever seldom lasts longer than the manifestation of cinchonism. The ordinary headache of fever does not contra-indicate the use of quinine.

The power of quinine seems to be to cut off the connection between local irritation and constitutional excitement, to disturb and break the series of morbid elaborations set up in some specific fevers, which terminate, for the most part, in contamination of the blood and loss of vital cohesion of the capillaries. In intermittent fever it is antidotal.

Quinine is of little efficacy in intermittent fever, when exhibited during the paroxysm.

Quinine is of no efficacy in the last stages of continued or remittent fever, where the vascular and thermal excitement have been succeeded by organic lesion or contamination of the blood. It should be given, as is well known, in the intermission of intermit-

tent fever, and in the formative, or in the first stage of continued remittent or yellow fever.

The use of quinine against relapses of intermittent fever, whether the disease has been primary or secondary, is one of its most valuable applications.

In using quinine against the paroxysms of intermittent fever, hourly doses of three grains, till twelve doses be given, is the best mode of saturating the system with the remedy. If, however, the disease be a quotidian, with short intermission, six-grain doses hourly, till six doses be given, will be judicious practice.

In the other fevers where quinine is eligible, and the remedy is prescribed during the existence of febrile excitement, the dose, to be efficacious, must be large, and the impression on the disease sudden and overwhelming.

An auxiliary, too, is also required in such cases; twenty-four grains of quinine and twenty grains of calomel, in one dose, is the most powerful resolvent of fever. One or two such doses, with an interval of six hours, and followed by a castor-oil purgative, are generally sufficient; but I have prescribed six such doses with efficacy, and I recollect no instance of pytalism occurring when this treatment was required and adopted, and sometimes there is but mild cinchonism. An intolerance of quinine, or early and intense cinchonism in such cases, is one of the worst prognostics.

In the treatment of simple intermittent fever, or its relapses, calomel is rarely, if ever, prescribed by the writer. Sulphate and carbonate of magnesia mixture, or sulphate of magnesia and tartrate of antimony mixture, as a purgative during the hot stage, (if needed,) or fifteen drops of solution of acetate of morphine, with a drachm of sweet spirits of nitre, if there is much suffering from muscular pains, headache, or emesis and retching, will speedily relieve the paroxysm; and followed by quinine, in combination with purgative doses of rhubarb, will fulfil all the indications for the intermission.

But when a European or North American, probably not long from a cold climate, and during the prevalence of malignant disease, is attacked by fever, and shows to the quick and practised eye alarming indications, no fear of the injurious after-effects of the mercurial will have weight to withhold the resolvent dose of calomel and quinine. In cases threatening danger to life only need it be used, and I know of no instance wherein the slightest untoward result has been experienced from its use.

The combination of quinine with tartar-emetic in pneumonic and bronchitic complications of intermittent is eminently successful. The forces which disturb the remedial power of quinine in fever are chiefly inflammatory and congestive complications, or a loaded condition of the alimentary canal. These must be obviated by appropriate treatment, and the disease rendered as simple

or idiopathic as possible, concurrent with the use of quinine. Thus arteriotomy may frequently be required in continued, remittent, or yellow fever; and in intermittent, with tenderness over spleen, a blister may be required, as an auxiliary to cinchonism.

There is a form of continued, or irregular remittent fever, occurring chiefly in children, or adolescents, in which generally no local cause can be discovered, but which is often imputed to worms; but give what anthelmintics you will, no worms may be passed; hence they are popularly called "stubborn worms." This fever may continue for a week or a fortnight without any contamination of the blood or loss of vital adhesion, and probably depends on intestinal irritation. Danger in these cases chiefly arises from the supervention of some lesion, induced by the long continued and excessive heat and violent action of the heart, or sympathetic irritation of the brain. In these cases I use quinine, with immediate and signal efficacy, in the following manner:

The patient is put into a bath, and the cold affusion is applied till the pulse becomes small, and nearly extinct, at the wrist, and the skin cold. He then, while in the bath, gets his dose of quinine, (two or three grains,) and is returned to bed without being dried. The bath and the dose of quinine are continued hourly, as long as the skin persists warm, when the hourly dose of quinine is due. After five or six baths the skin generally becomes permanently cool, and then the quinine is pushed on to cinchonism, alone, and without the bath. This mode of making an intermission in a continued fever I have never found attended with unpleasant or dangerous consequences, and it will generally subdue the fever after every other method has been tried in vain.

In fever of doubtful origin, and where latent inflammation is suspected, I have frequently used a small cantharides blister as a test, in fact, I never like to pass the blistered surface of a patient without inspecting it, its revelations are often so interesting and important. If, instead of the usual vesication of thin serum and cuticle, the vesication is a bladder of fibrinous coagulum, or suety in consistence, inflammatory action is going on, probably in the neighborhood of the part, and tartar-emetic, and such-like combinations are indicated.

Relapses in intermittents have their determinate periods, the day from the last attack being generally some multiple of *seven*.

The usual day of relapse among the acclimatized of this colony is the fourteenth or twenty-eighth.

After one or two relapses, the law of each individual case can be ascertained by each patient.

The prophylactic which I have adopted with great success, and in my own person first, many years ago, is as follows:

Two days before the anticipated relapse, three grains of quinine,

to be taken thrice daily for four days; after a similar relapse interval, the quinine to be again taken in the same manner; and so on, repeated three or four times successively. The disease is eradicated completely by thus baffling the relapse.—*London Lancet*.

[THE value of alkaline and saline treatment in diseases of inflammatory or fibrinous diathesis has long been illustrated in the Eclectic practice. In our lectures upon the Institutes of Medicine, we have shown the *rationale* of this practice, as illustrated by Andral's analysis of the blood in various diseases. The American Eclectic school of practice has long taken precedence in the extensive application of alkaline remedies. The following article shows that similar ideas are making progress among Old school practitioners.—B.]

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. November 14, 1848, J. M. Arnott, Esq., F. R. S., President.—The Society commenced its meetings for the session this evening. The library was unusually crowded.

On the employment of Nitrate of Potash in Acute Rheumatism; with Suggestions for the Use of Saline Solutions as External Applications in Local Rheumatic Inflammation, by W. R. Basham, Physician to Westminster Hospital.

The author takes, as the basis of his essay, the following facts: 1st. That in acute rheumatism, as in other inflammatory diseases, the most important changes in the composition of the blood are the increased quantity of the fibrine, and the deficiency of the saline ingredients; 2d. That where this state of the blood exists, there is a special disposition to the deposit of fibrine, and the formation of adventitious tissues; while in diseases in which the fibrine is deficient, and the salts in excess in the blood, the blood does not coagulate, and hæmorrhages of a passive character occur; and 3d. That although, as his own experiments have satisfied him, saline solutions have not the power of dissolving coagulated fibrine, yet certain salts in solution, mixed with the blood at the moment of its escape from the body, possess the property of suspending or retarding the separation of the fibrine. He next inquires whether any therapeutic principle can be derived from these facts, and proposes the question, whether saline remedies, largely employed, may not suppress the tendency to the fibrinous exudation, or retard it, so as to give time for other remedies to diminish the proportion of fibrine present in the blood. With reference to this question, he alludes to the observations of several physicians on the use of

nitrate of potash in acute rheumatism, and details his own experience of its effects. He gives one, two, or three ounces of nitrate of potash, largely diluted, (in two quarts of water,) in the twenty-four hours. In the majority of cases no obvious effect is produced on the force or frequency of the pulse, the digestive functions, or the quantity of urine exuded. But the urine always acquires a high specific gravity, and nitrate of potass may be detected in it. The swelling, heat, and pain of the joints affected with rheumatism are relieved in a most marked degree, even when no other remedies are employed at the same time. There is a certain amount of exemption from cardiac complication; and cardiac inflammation, when present, is more amenable to remedies. In a case which the author relates, he examined the blood of the patient before the commencement of the saline treatment, and again after this treatment had been continued for some days. In the first instance it was buffed and cupped, the fibrine was in excess, and the salts were deficient. After the administration of the nitre, there was no buffy coat, the proportion of fibrine had diminished, and that of the salts greatly increased. The author presumes, therefore, that while the internal use of the nitrate of potass assisted to restore the proportion of the saline constituents, the other treatment employed tended to lessen the excess of fibrine. Some remarks of Mr. Gulliver have led the author to investigate the effects of the external application of saline matters to parts affected with rheumatism. His experiments have been principally made with nitrate of potass. In chronic rheumatism he has used the iodide of potassium, and in gout the bibasic phosphate of soda. He applies the saline substance by means of the spongiopiline, a portion of which, large enough to envelop the part affected, having been moistened with water, the salt employed is sprinkled in powder freely on the spongy surface; it is then applied to the part, and secured with a roller. In numberless instances, by this simple treatment, he has witnessed the most palpable and instant relief to the local inflammation. Constitutional remedies were employed at the same time, but the relief was proved to be due to the saline applications, by the fact, that where several joints were affected, only those were relieved to which the salt was applied. At the end of the paper, the author gives an abstract of seventy-nine cases of acute rheumatism, showing the results of treatment, and other particulars.

Dr. HENRY BENNET had witnessed the results of a similar mode of treatment to that practiced by Dr. Basham, in Paris, in 1837, and subsequently. In that year, M. Gendrin had instituted a series of experiments with the nitrate of potash, in acute rheumatism. He gave it in doses varying from six to twelve drachms. He had seen this treatment adopted in about as many cases as were recorded in the paper before them, and with the same

result. It was found to be a safe, powerful, and energetic remedy. In the experiments of M. Gendrin, no other medicine was given, not even aperients. The result of the treatment was generally successful, but in every tenth or twelfth case it was found necessary to resort to the old remedies, bleeding, calomel, opium, &c. It was noticed, also, that patients treated with the nitrate of potash were unusually free from cardiac disease, more so, indeed, than when any other kind of treatment was adopted. Another noticeable circumstance connected with this mode of treatment was, that patients recovered more rapidly from the disease than when any other plan was pursued. This was most important, particularly in Paris, where bleeding was often resorted to, to a considerable extent, and patients were consequently kept months, and even years, in a weakly condition. He has never seen any injurious effects from the large doses given. This, no doubt, was owing to the large quantity of fluid in which the medicine was dissolved. In all cases of poisoning by this agent, recorded in works on medical jurisprudence, the quantity of fluid used was small. He (Dr. Bennet) had recorded some cases treated by this medicine, in the *Lancet* of 1845. The plan pursued was perfectly original, and the originality was due to Dr. Basham. In slight rheumatic cases, in which there was little febrile action, this treatment was most beneficial, the patients recovering in four or five days.

Dr. C. J. B. Williams inquired the number of days that it required to give relief to the acute symptoms in rheumatic fever.

Dr. Basham said, that in only two cases had he treated the disease by nitrate of potash alone. The acute inflammatory symptoms usually give way on the third or fourth day; and it was important to state, that in no one case treated by the nitrate of potash had there been any relapse. This was a strong recommendation of the value of the treatment, when we recollected how common relapses were when the other modes of treatment were employed. In the first instance, he had given as much as four ounces of the salt in the twenty-four hours; but he had now reduced the quantity to one or two ounces in that period. A great quantity of the salt escaped by the urine, the quantity of which was not much increased, but its specific gravity was a great deal higher, averaging between 1030 and 1040. This increase in the specific gravity he considered was due to the potash.

Dr. C. J. B. Williams did not think this increase in the specific gravity of the urine was due to the nitrate of potash; but regarded it as the result of the elimination of urea and the salts of lithic acid from the system. This, or an increase in the quantity of the urine, was a circumstance which obtained when elimination was treated by other remedies. The result of his own experience by another treatment, that by salines and colchicum, with blood-letting, when necessary, was, that convalescence usually took place

from the third to the sixth day, and a cure was effected in from two to three weeks, according to the severity of the cases. Feeling doubtful, at one time, as to the relative effects of the salines and colchicum on the disease, he determined to treat some cases entirely by the former, and with this view, gave in sub-acute rheumatism the carbonate and tartrate of soda freely every two or three hours, until four or five drachms were given in the day. These remedies mitigated the pain and fever, but the rheumatism continued, although the salines were unremittingly persevered in for ten or twelve days. Colchicum was then added, and in three days the pain was gone, the specific gravity of the urine becoming, at the same time, much higher, from the presence of urea and the lithates. It was remarkable, too, that the urine often retained its acid property, even in cases where the perspiration was acid.

MEMORIAL,

OF THE ECLECTIC MEDICAL SOCIETY OF CINCINNATI, TO THE
LEGISLATURE OF OHIO.

YOUR Memorialists would very respectfully represent that the Commercial Hospital of Cincinnati is a public institution, founded by the State. In all public institutions the people have equal rights. If a law were passed that all public buildings, court-houses, schools, &c., should be accessible only to Protestants, and that Catholics should be excluded; or that Presbyterians, or any other denomination, should have the exclusive privilege of entering upon and purchasing the public lands, any such law would rouse such a tumult of indignation, that it could not be enforced. Yet, a law similar in its effects now exists. All who do not believe in the old fashioned system of medicine, are excluded from their rights in a state institution. If they are poor and wish to enter it as patients, they are not allowed to receive the *gratuitous assistance* of medical friends in whom they have confidence, but are compelled to submit to an unsafe system of practice, under which more than one-sixth of all who enter the hospital actually die, according to the last report of the township trustees! Certainly, justice demands that the patient should be allowed to have charitable assistance from those in whom he has confidence, and from those who, it is well known, have never allowed so great a mortality to occur in their practice, under any circumstances, as has

occurred in the Commercial Hospital, according to the report of its physicians.

Many are compelled to languish under inadequate private charity, because they cannot bring themselves to submit to treatment from which there are so many ruined constitutions—so many premature deaths.

A still more unwarrantable monopoly exists in regard to the medical management of the hospital. Clinical lectures are delivered in the lecture room by medical professors, for the benefit of medical students. The Faculty of the old Medical College of Ohio, who have no peculiar claims to such distinction, and whose system of medical practice has been attended by such disastrous mortality, claim the exclusive privilege of delivering these clinical lectures, and, also, of shutting out from the hospital all students who will not enter their school and pay for instruction in what they deem to be a false system of practice. A large revenue would arise from the hospital fees of students for the benefit of the hospital or of medical science, but these professors (having entered into a combination to put down and disgrace all who do not receive their medical doctrines), refuse to allow any students but those of their own party, to attend the hospital, and thus rob that institution of an amount which, for the past year, would have been about fifteen hundred dollars. Thus is the public interest robbed to gratify private vanity and malice, and thus are the high spirited young freemen of our country deprived of public opportunities of education, and made to feel that they must pay a penalty and suffer an insulting distinction, if they dare to think and act independently in their chosen profession.

To excuse this scandalous and oppressive monopoly, a document, concocted, we presume, by the interested parties, but signed by the three township trustees, advances many deceptive representations. They object to the application of such terms as "*corrupt monopoly*" to the oppressive monopoly of the hospital, but we find no such terms in the petitions which we have seen. Yet, if we examine this monopoly in detail, we cannot escape the conclusion that it is really a *corrupt combination*, in defiance of the people's will and in disregard of the public good.

1. They refer to the multitudinous petitions of the people of Ohio to the Legislature, for a change in the medical government of the hospital, as a "mere deception," signed by persons "ignorant" of what they were asking for, and supposing that the petitions did not specially refer to the Commercial Hospital of Cincinnati. The truth is, that every petition of which we have any knowledge, had especial reference to the Commercial Hospital of Cincinnati, having a full statement of the object aimed at and the nature of the monopoly in that institution printed adjacent to the petition, on the same sheet. The whole subject

was publicly and privately explained, in the amplest manner, on many occasions, and the petitioners had a much better understanding of the object to be attained, than those gentlemen have shown in their report.

2. They claim that the hospital, as a local institution, should be governed by the will of the *trustees of the township*, as the proper organs of public sentiment, and that the Legislature should not make any change contrary to their wishes. In this assertion there is a *threesfold deception*. In the first place, *the township trustees have nothing to do with the matter*. The medical attendance upon the hospital was prescribed by the Legislature alone. It is solely in consequence of a legislative act that the Ohio Medical College Faculty are the physicians of the hospital; and when that act is repealed, their connection ceases. The township trustees do not select the physicians—they have no such power—they have no control over the medical management of the hospital—that belongs to the Ohio Medical College, or to any other college or colleges which the Legislature may select. In this rivalry of colleges contending for the post of honor, the township trustees have nothing to do with the question. They have been thrust forward as the volunteer advocates of the Old School, with which they have formed an alliance. They have put their names to an unfair and deceptive statement of the question, and, in short, they have acted throughout as the catspaw of the professors of the Ohio Medical College.

Having set aside the impudent claim of the township trustees, to be consulted in a matter over which they have no authority, and over which the Legislature has always exercised *the sole authority*, what becomes of their plea that the hospital is *a local institution*? The inference they might establish is, that it should be managed in accordance with the wishes of the *people of the township*! And what do the people of the township demand? They demand, by an overwhelming majority, a change in the law! More than ten thousand citizens out of a population containing less than twelve thousand voters, have demanded, by petition, that the bill to divide the hospital shall become a law. Hence, if it is a local institution, we demand the change, as the people will it; and if it is a public institution, affecting the interests of the whole state and the inhabitants of the valley of the Mississippi, we point to the multitude of petitioners throughout Ohio who ask the change, and ask *that the people's will be obeyed*. An overwhelming majority of the people of the state are ready to sanction this act of justice.

3. It is claimed by the trustees that, as the greater part of the funds of the hospital is not derived from the Legislature, the Legislature should not presume to exercise any control. Another attempt at deception! The Legislature does not propose in

the bill passed by the House, to assume any other control over the hospital than is already exercised by them in selecting its medical attendants.

The trustees had not objected to the authority now exercised by the Legislature in giving the Faculty of the Old School an arbitrary control, until it appeared that other parties may come in to assist in performing the duties now assigned to the Old School, when forthwith they complain that their rights are violated by change, and that the Legislature transcends its just powers, merely because it exercises the same appointing power in favor of other candidates, whom they wish to exclude. While thus endeavoring to oppose the legislative power, they rise to the third heaven of impudence, in demanding that the Legislature shall yield the unquestionable power which it has exercised ever since the establishment of the hospital, out of deference to the three respectable gentlemen who wield the high and mighty function of appointing "A steward, matron, and such other servants as may be deemed necessary," "except the appointment of apothecary or house-surgeon."

4. They attempt to depreciate the rights of the legislature, and exalt their own importance by an unfair statement of the financial relations of the hospital. They say, that the State only gave originally ten thousand dollars of depreciated bank paper to the hospital, and has since contributed only the half of the tax on auction sales, amounting, during the past year, to four thousand three hundred and eighty-one dollars, "*also, that Hamilton County has no direct interest in the management of the hospital, nor in defraying its expenses.*" The hospital expenses, they say, for the past year, were "not less than twenty thousand dollars," and they endeavor to leave the impression on the mind, that all of this twenty thousand dollars, excepting four thousand three hundred and eighty-one dollars from the State, was raised "by a tax derived from the people of Cincinnati Township." Now, the last financial report (March 6, 1848) of these trustees, exhibits the incorrectness of this representation to the Legislature. It shows, it is true, four thousand three hundred and eighty-one dollars, derived from the auction tax, but it also shows four thousand eight hundred and fifty-nine dollars and eighty-seven cents derived from HAMILTON COUNTY, for the support of Lunatics; one thousand and twenty-five dollars and fifty cents, from the United States Surveyor of the port, for keeping boatmen; two thousand one hundred and eighty-four dollars and seventy-seven cents, from sundry persons for keeping lunatics, &c.—with one thousand and eighteen dollars, for keeping paupers and lunatics from several other counties and townships, making an aggregate of \$13,469.81 supplied by the state, United States, Hamilton and other counties, and other townships, &c. All the various expenses of

the hospital (exclusive of building repairs), amount to \$23,603.40, and as upward of thirteen thousand dollars is contributed by the State, United States, &c., it appears that only \$10,133.59 is the deficiency, supplied by the township. But, as the trustees have unsettled accounts against Hamilton County, six townships, and a number of individuals, to the amount of three thousand one hundred and forty-eight dollars and eighty-six cents, for keeping lunatics, paupers, &c., these accounts when paid will reduce the township expense to \$6,984.73, or less than one-third of the whole amount!

From which facts, disguised and mystified in their report, the trustees arrive at the conclusion that the township alone is interested in the hospital, and that the legislature might "with as much propriety, claim control over other benevolent institutions in our city as over the Commercial Hospital" !!!

The amount contributed by the township, we find, is less than one-third of the whole expenses of the hospital, and this amount of \$6,984.73, is less than the amount of benefit, from the hospital to the township. The number of resident *paupers of the township*, reported as remaining in the hospital (January 1, 1849), is two hundred and three. These are supported by the hospital funds, and if we estimate their expense at only one dollar a week (although strangers are charged two dollars a week), it amounts to $52 \times 203 = \$10,556$ per annum, *expended by the hospital to support the paupers of the township*, while the township really contributes only \$6,984.73 toward the support of its own poor in the hospital. How utterly false is the pretense that the township supports the hospital, when in reality the township makes a clear profit of at least three thousand dollars a year, by its connection with the hospital! How very honorable are the means to which the Hospital Faculty resort, to deceive the public on this subject, and to fabricate a claim, which is purely fictitious. But if the township did support the hospital, which it does not, surely the will of the people of the township should be obeyed as to the selection of medical attendance.

5. Continuing the same deceptive representations, the trustees affirm that the changes prayed for "would be in violation of A CONTRACT SOLEMNLY ENACTED between the Medical College of Ohio and the Commercial Hospital" !!!!

Who ever heard of such a contract before? When was it made and where? Who were the contracting parties? Echo but answers who! and when! and where! The whole is a fiction—a desperate piece of romance. There were no parties empowered to make such a contract. The Medical College of Ohio is not employed by contract with the trustees, but acts in virtue of a legislative enactment which gives it the control of the hospital, medically, without asking or bargaining with anybody.

This whole story shows the desperate position to which the monopolists are driven to defend themselves.

6. Another desperate resort is their suggestion, that although the Legislature contributed to build the hospital, it was not expected that they "would claim the right to exercise control over the students"!! This is sheer nonsense and deception. The bill in question and the petitions, have no reference whatever to controlling students, excepting in the provision for keeping order in the lecture-room by the expulsion of those who disturb the peace.

7. But the most unwarrantable and really hypocritical argument which they have used, is this, that "any one of these changes would require new arrangements, of various kinds, and thereby the expenses of the hospital would be greatly increased"!! O just and economical philanthropists! To admit three hundred more students, paying \$1500 per annum, must greatly increase the expenses—but to exclude them and lose the \$1500, will greatly promote the public good and teach the daring young reformers a proper respect for Old School medicine! It is not true, that the lecture-room is crowded, as they pretend; nor is it true, that they would have any difficulty in making room for classes of any size, with such an increased income. The services of the Faculties produce no expense, as they are given gratuitously, and the house physicians' salaries (a small amount) will be paid by the students' fees. These matters were known, as they had the bill before this deceptive document was concocted, which though dated January 1, was held back about a month, to escape criticism, and to carry with it this deceptive and unfair argument of the Old School faculty. O smoothfaced hypocrisy, which talks of economy, and—robs the treasury of \$1500 per annum!!

8. How kindly do they love to protect the poor, as well as the treasury! They fear that too much lecturing would injure the health of patients, and that doctors' quarrels would disturb the dying. They conceal the fact that lectures are delivered in a lecture-room, and not among the sick—that the different faculties are not to lecture on the same day, nor to examine the same patients, at any time, and that the classes are not to be introduced in any considerable number to the presence of the sick, in any case.

9. Yet with all their kind sympathies, they object to giving the poor victims of disease any choice of their fate; they regard it as presumptuous for the patient to ask for different medical treatment, when the faculty of the Ohio Medical College insist, that although they allow one in six of all the patients to die, such barbarous practice is the very best that can be introduced. How presumptuous to demand that other methods of practice, which have but about a third or fourth as great fatality, should be introduced.

10. They object that the proposed change will do no good and only breed disturbance. If clinical instruction is of any value to the minority of the medical students, surely, it is of equal value to the majority—at any rate they are willing to pay for it \$1,500 a year. As to the disturbances, the bill provides that any one who makes any disturbance may be prohibited from attendance at the hospital; and if this be not sufficient, the Faculties, by their Board, are authorized to make any additional regulation necessary to preserve order. Those Faculties occupy different departments and lecture on different days, and there is no anticipation of any kind of discord, except from the present incumbents of the hospital. The other schools will harmonize well with each other, and even with the Ohio Medical College, if permitted; but the latter party hate and insult their rivals—denouncing them as quacks, charlatans, &c.—comparing them to everything degraded or vile—using language not fit to be repeated here, and declaring that they cannot or will not lecture at the same building in a harmonious manner, even on different days. What this indicates is obvious enough. If a landlord wishes three tenants in a block of buildings that have ample space, but one of them now in possession insists that he will not harmonize with the new-comers, because he heartily detests them as intruders and rivals, the only course the landlord could take would be to let the quarrelsome inmate depart if he choose, and leave his houses in possession of peaceable citizens of better character, who would not only confer honor on his edifice by their character and deportment, but would pay him a much higher rent, as they are carrying on a more extensive business. In the present case it appears that the hospital revenue would be a gainer to the amount of \$1,500 by the proposed change, because of the larger classes which the new school would introduce, while humanity, good morals and good order, could be equally promoted by the change.

11. But it is claimed in this fraudulent and hypocritical document, that the present arrangement is the best one that can be made for the poor, and that any change would be but a cruel experiment on poor victims—that the hospital, in short, is at present a *“well-regulated, quiet and successful retreat for the sick,”* with *“a high reputation at home and abroad,”* which would not be improved by any change in the medical treatment.

It is perfectly apparent that statements, so untrue as these, must have emanated from the interested parties (the Faculty now in possession), and could have been signed by the trustees only on account of their ignorance of medical science and the proper results of medical treatment. The annual mortality disclosed in their report would have put them to the blush if they had not been profoundly ignorant upon medical subjects.

It is true, this whole matter pertains exclusively to the Faculty of the old College, but since they have procured the signatures of the trustees to their deceptive report, the latter party are made the scape-goats of their odium, from which they should exonerate themselves by a public declaration of the part they have borne.

It is not very easy to find out the real mortality of the hospital from the Report. The hospital is a poor house and lunatic asylum, as well as a retreat for the sick, and the aggregate numbers are so mixed up that any one not determined to ferret out the truth might be deceived. It seems, from the recapitulation at the end, that 306 patients have died out of 2,581 admitted. This is a sad rate of mortality. It is one death to every 8 and 30-100 persons who are admitted. The average mortality in the hospitals of Europe (returns having been summed up from sixty-five for a series of years) is between nine and ten to the hundred, or one death to ten or eleven patients. Thus, the Commercial Hospital loses from a fourth to a fifth more patients, proportionally than are lost in Europe in those hospitals which we have been accustomed to regard as dens of mortality, where the miserable, broken-down constitutions of the lower orders of Europe, reduced by hardship, want and hereditary degeneracy, receive the cold attendance of legal charity.

But what shall we say when we find that the truth is far worse even than this statement? If we examine the reports of cases treated, we find that there were, in all, but 1,712 patients in the hospital, instead of 2,581, and that the remaining 869 were paupers and lunatics, reported as inmates of the hospital, because that institution is a poor house and a lunatic asylum, as well as a hospital. The mortality of the hospital is reported as follows:

	Admitted,	Died,	Ratio.
Medical Department,	1,227	209	1 to 5.87
Female and Infantile Department,	227	64	1 to 3.54
Surgical Department,	258	15	1 to 17.20
Total,	1,712	288	1 death to 5.94

More than one-sixth of all who are admitted die. The admissions include a large number of cases which are insignificant and which are free from all danger, yet one-sixth die!

Does not such extraordinary fatality under the practice of the Ohio Medical College demonstrate what medical reformers have affirmed, that their practice is *unscientific, dangerous and destructive*. The *mercurial practice*, at best, in the most skillful hands, is attended by a lamentable mortality. In the hospitals of Paris, where the most distinguished men of the profession direct the treatment, we find that, in 1840, the entire mortality of all classes of cases in all the hospitals was 7,089, out of 83,644 patients, being about one death to eleven and four-fifths patients.

Such a rate of mortality shows the deplorable deficiencies of the healing art. In a hospital rightly conducted, and situated under ordinary circumstances, there ought not to be a greater mortality than one in twenty. The hospitals of Paris exhibit about twice as many deaths as ought to occur in proportion to their number of patients, and the Commercial Hospital of Cincinnati transcends even the worst hospitals in Paris, and exhibits twice as many deaths as the *average* mortality of Parisian hospitals.

One hundred and forty-four deaths, of the two hundred and eighty-eight, might have been prevented, if the faculty could even have equalled the Parisian faculties in the success of their treatment! And is it for such disastrous results as these, that this faculty is to be honored and paid by the State, and not only to be assisted by State bounty, but to have the power of the State to back them in their domineering policy, by authorizing them to exclude from a State institution every one of the medical profession who will not swallow their absurd and antiquated doctrines? Is it not a burning shame that the power of the government should in any way foster and cherish a faculty under whose care this hospital has become a den of death, where, although but seventeen hundred and twelve patients were admitted last year, yet by the last financial report of the trustees, they required, when even fewer than these were admitted,

\$1749.55 TO BURY THE DEAD!

and cheap enough, we know, is the funeral of the stranger pauper.

And is it not a burning shame that a college endowed by the funds of the State, should be employed in teaching this unsuccessful system of practice to the young men who are entering the medical profession—teaching them at the same time to insult, scorn and avoid, all who are engaged in cultivating medicine upon different principles—teaching them not to look at the evidences of superior skill in the prompt recovery of the patient, but to adhere blindly to the teaching of authority.

As to the medical management of the Commercial Hospital, we have heard many complaints unnecessary to mention, which show that it needs reform; but the single fact that the patients of the hospital die in alarming numbers, shows the need of medical reform. Of the forty-five cases of typhoid fever in the Commercial Hospital, twenty died! Nearly one-half! Of one hundred and twenty-seven cases of bowel diseases (dysentery, ulceration of the bowels, cholera morbus, Asiatic cholera, and cholera infantum) there were seventy-six deaths—more than one-half.

In the name of suffering humanity, we ask a change! We have not asked for the expulsion of the parties who have proved

themselves unfit for the post—for while a considerable portion of the public still supposes them to be worthy of the station, we do not ask their discharge. But we ask the passage of the bill by which patients may have free choice to escape the dangers of their practice, and by which accurate records will be kept of each system of practice in the hospital, showing the treatment and result of each case. These records will show the true relative value of the colleges, and their systems of practice, and expose, in a glaring manner, the falsehood of the pompous pretensions of the incumbents to superior skill. From the stubbornness with which these gentlemen resist the evidences of practice and statistical medicine, we cannot doubt they have a latent consciousness of their own inferiority in the treatment and cure of diseases. Indeed, it has been recently said that they will not remain in the hospital to encounter the test of such a comparison, although they are allowed by the bill, in all respects, the same rights and position as their rivals.

This might be supposed a malicious slur upon their skill and courage, or, perhaps, an idle threat to defeat the bill. But it comes in such a manner that we cannot doubt that it originates with the faculty themselves. They would rather, it seems, abandon their principal reliance, than be subjected to comparisons so intolerable. They would rather meet a sudden death than die by the slow torture of medical statistics. Rather than encounter competition in the open field of medical practice, and meet with an ignominious defeat, they prefer to abandon the ground. Rather than compete upon equal terms, they prefer to commit professional suicide and escape their shame. Such is the natural end of medical intolerance, either to lose by a fair trial or to suffer judgment by default.

Under the proposed law a most beneficent change will be seen. Patients will freely choose their treatment from the most distinguished men of three medical Faculties, and from other physicians of the city, who are willing to give gratuitous assistance. Thus will the whole medical talent and learning of the city be brought within reach of the poor for their relief. With three house-physicians to give constant attendance, and with a Faculty of six or seven physicians to each department, the poor patients will have as faithful attendance as the wealthiest of the land. In each department the records will show, at any time, the treatment and its results, and if the treatment of either Faculty should show superior success in cholera or any other prevailing disease, the other faculties, more unsuccessful, would be compelled to adopt a similar plan, or sink the reputation of their School beyond recovery. This imminent responsibility from publishing the records, would create such a vigilance and fidelity in the physicians as has never before been seen in hospitals, and the

statistics obtained would induce the medical profession, generally, to adopt the methods which proved most successful, and would thus produce incalculable benefit to the whole country.

The employment of different physicians in different portions of the same hospital, is nothing new. It is the only way in which a large hospital can be successfully conducted, and the difference of treatment proposed is one of its greatest advantages.

There can be no confusion or collision, for the several faculties are to be as distinct and independent as if in three different hospitals, and the only matters of common interest between them, the division of the Hospital, the preservation of order, the days of lecturing and the purchase of a library, are to be adjusted by a committee of one from each Faculty, to be called a Board of Managers, which is really but a committee of conference, for their common business.

Students attending the hospital will be enabled to receive three times as much clinical instruction as heretofore, at the same expense, and medical men from all States of the Union will be attracted by the fame of an institution in which all systems of medical practice may be learned and compared, at a trifling expense, and their true value ascertained by their immediate results.

This open competition in lecturing will operate like the medical *concours* at Paris, in which rival professors test their comparative abilities, which have made that city the head-quarters of medical science for Europe. A similar effect will be produced in Cincinnati, giving to its medical colleges an American celebrity. The students will partake of the zeal and ambition of their professors, and each will acquire from his varied instruction enlarged views of medicine, which will prevent his becoming an ignorant partizan. Mutual intercourse will beget mutual friendship, and remove many prejudices which arise when separate.

The medical students of Cincinnati, for several years past, have manifested a most peaceable, moral and gentlemanly character. No serious disturbance or quarrel has occurred for years at either of the colleges: their lecture rooms are characterized by decorum and good humor, and so far from riotous collisions occurring, Cincinnati, with its three schools, has had less disorder among its students, than several other cities in which but one school exists. The majority of the students of the city are already taught by their Faculties, to be courteous and liberal to those of different opinions, and the passage of the bill will introduce an era of general harmony and mutual intelligence.

The Commercial Hospital of Cincinnati will be changed from one of the most unsuccessful hospitals ever known, to the very best in America; and, without one cent of additional expense, a library and pathological museum, both of which are deplorably

needed at present, will be established from the proceeds of the hospital tickets, for the benefit of the medical profession, and for the lasting honor of the state of Ohio, which already stands high in medical reputation, and which, under the proposed law, will soon rank among the foremost states of the Union, as to the greatness and celebrity of its medical institutions.

Seeing thus that the proposed law not only expresses the will of the people of Cincinnati and throughout the state, and is, in itself, an act of justice to all, but will, moreover, be greatly beneficial to our whole country, we respectfully hope that it may be passed at the present session of your honorable body.

T. V. MORROW, M. D.,	} <i>Ex Com.</i>
J. R. BUCHANAN, M. D.,	
R. S. NEWTON, M. D.,	
J. KING, M. D.,	

The counter report from the Medical Committee of the senate, (obviously written by Dr. Wright, of the Ohio Medical College,) does not meet any of the points made in this Memorial. It is a mere tissue of flummery and rhetorical gasconade, such as no other individual than Dr. Wright, could perpetrate. This report which was sanctioned only by the majority of the Committee; (Senator Dubbs opposing,) was triumphantly answered by the Report of Mr. Beaver of the senate, which we expect to publish in our next No. It seemed to be generally conceded in the senate that the management of the Hospital had been scandalously unsuccessful. The attempt of Dr. Bennett to apologise for it, by adducing similar examples of mortality from other institutions was also a failure. He was challenged by Mr. Beaver to produce any example of equal mortality, but was unable to do it.

THE AMENDMENT to the *Charter* of the Electic Medical Institute increasing the capital stock from TWENTY TO SIXTY THOUSAND DOLLARS, has passed both houses. This will enable us to erect such Buildings as may be necessary, and to carry out our operations on a more liberal scale hereafter.

B.

Part 3.---Editorial.

THE HOSPITAL BILL.

THE new law, dividing the privilege of medical attendance upon the hospital equally between the medical colleges of Cincinnati, and admitting all students upon equal terms to the medical lectures, has had an interesting history.

The wire-workers of the Sixth-street College supposed they had ended the whole matter by visiting Columbus and inducing the medical committee to agree not to report any bill for the objects of the memorial of the Eclectic Convention. The committee adhered to their agreement. The chairmen of the medical committee, in both Houses, being Old school physicians, their opposition was expected as a matter of course. A bill, nevertheless, was introduced into the House of Representatives by Mr. Long, from Hamilton, which provided for all the objects at which medical reformers aim in this matter. This bill, seconded by the arguments of the Memorial of the Convention, enlisted warm supporters in the House. We had the pleasure of delivering an address in the hall of the House of Representatives upon this subject, which was received with much apparent approbation.

The bill, upon its introduction, was ably discussed, as we learn from those who were present. Mr. Long supported it with ability; Dr. Voorhees, chairman of the medical committee, made a harangue against it; Dr. Townshend opposed the bill, but we do not learn that he advanced any very cogent argument. He was followed by Mr. Riddle, one of the very best and wittiest speakers in the Legislature, who literally riddled the Doctor with irresistible volleys of sarcasm and argument, which elicited frequent bursts of laughter at the expense of Old Hunkers in medicine. Mr. Pugh assailed the bill in a desperate effort to oppose it upon legal grounds, maintaining, we understand, that the Legislature had no right to disturb the present arrangements, although in the act of incorporation, which gave the privilege of attendance to the Ohio Medical College, the right of amendment was expressly reserved.

The arguments and assertions of Mr. Pugh were so extraordinary and unwarrantable, and so contrary to the general spirit of the Democratic party, (the foes of all monopolies,) that we apprehend his course upon this bill will be a serious injury to his political reputation. It was a happy reply of his Democratic colleague, *Capt. Roedter*, who remarked, at the end of Mr. Pugh's speech, that he had just heard from his colleague as strong a speech in behalf of *an old monopoly*, as he had ever heard in Europe from any of the nobility of Germany.

It was stated by Mr. Pugh, that if members would suspend their action upon the bill, remonstrances would come pouring in by thousands from Cincinnati. The subject was postponed a few days, and an effort made to obtain signers to a remonstrance against the bill.

The Old school Faculty, astonished at the great number of petitions upon this subject, which had come in from all parts of the state to Columbus, informed their friends that they would be sure to defeat the bill by remonstrances from Cincinnati. The friends of the school were appealed to, in a piteous way, to come to the rescue now, as the Eclectics were about to carry a measure which would tend to break down the Old College. Men and boys were hired to carry their remonstrances around, and gather up signers, at *two cents a head* for every signer. Meanwhile, it was judged proper by medical reformers to bestir themselves, and secure a full and fair expression of the people's will upon this question. A petition, stating that the signers were in favor of the proposed division of the hospital by the new law, was extensively circulated by the friends of the Eclectic Medical Institute, and the *Botanico Medical College*, and signed by an overwhelming majority of the voters of the city.

Upwards of ten thousand of the citizens of Cincinnati signed our petitions for equal rights, while the utmost efforts of the monopolists did not obtain even as many as fifteen hundred. When the huge petition first sent up was unrolled, and appeared long enough encircle the state house, filled with the greater portion of the intelligence and respectability of the city, the members of the House saw that the assertions as to the will of the people in Cincinnati being opposed to the new bill were entirely untrue. When it was shown, also, that many of the signatures to the remonstrance

had been procured by fraud, and that a number of the signers had certified to the fact that they had been imposed upon by false representations, and were in reality in favor of the bill, the reaction was complete. The speech of Capt. Roedter commented with just severity upon the mismanagement of the hospital by its present medical attendants; and the feeble effort of Dr. Townshend in defence of the monopoly, as well as the legal sophistries of Mr. Pugh, were demolished with crushing power by the logic and sarcasm of Mr. Reber. When the vote was taken, the bill passed by a majority of thirty-seven to eighteen. We intend to procure, if possible, a full list of the supporters and opponents of this measure in the Legislature, in order that the people may see who are the Old Hunkers that defy the people's will, and that the friends of medical reform may know who are their staunch friends.

In the senate, this Bill has been defeated by a majority of 18 to 14. Money and time have been liberally expended by our opponents, and dishonorable as well as honorable means, have been used to carry their points. But it is all in vain, it is sheer nonsense to waste their energies in attempting to defeat that bill. We have a majority, in the whole legislative body of fifty to thirty-seven, in Cincinnati of six to one, among the petitioners; and in the whole state, the people are with us. The monopolists have not had the good sense to submit quietly to their inevitable destiny; they are rejoicing in the defeat of the bill, like a criminal reprieved under a gallows; nothing will stay them from their usual dog-in-the-manger policy, but a thorough and effectual drubbing to which they shall be made fully welcome. They prefer to prolong their agony another twelvemonth, so let it be!

We hope our friends will bestir themselves, not only in procuring new and responsible subscribers, but in forwarding their remittances as speedily as possible. Every one who knows anything about the large sums required to be expended in the publication of this periodical, will see at once the great necessity of prompt payment on the part of the subscribers.

M.

ECLECTIC MEDICAL JOURNAL.

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[No. 4.

Part 1.---Original Communications.

ON THE FORMATION AND STRUCTURE OF
FISTULOUS PASSAGES.

BY W. BODENHAMER, M. D.

THE term *fistula*, which signifies a pipe, and which in surgery denotes the tube or conduit leading from an abscess or cavity, is frequently misapplied, or used in an indefinite or vague sense; often giving a very inadequate idea of the nature of the disease. Instead of simply denoting a *pipe-like* sore, or the canal or medium of conveying a fluid or extraneous matter to the surface, the term is often applied to simple abscesses, or to suppurating excavations, especially to all those in the vicinity of the anus. This departure from its strict definition is doubtless caused by the fact that an abscess most always precedes fistula, and that it is the initiative in the production of fistula. Abscess and fistula generally stand in the relation of cause and effect; hence this complication is usually confounded, and the term fistula made to embrace too much. This distinction, however, is important, and should not be lost sight of, for the indications in the treatment of simple abscesses and fistulous passages, are essentially different, as we will prove in our subsequent articles on this subject. An abscess may exist without being fistulous, but it is liable sooner or later to become so, and the following is the process: After the pus in the first instance is evacuated, its parietes do not approximate, and its cavity is not spontaneously obliterated, but becomes lined with a pseudo-membrane; and establishes in its parietes one or more canals or tubes, which are also lined with the same membrane, and through which it discharges its secretions. An abscess may also become fistulous by its cavity

gradually diminishing in size, until it becomes itself a simple tube or sinus. It is in this manner that, in time, a definite organization is finally established, constituting a fistula. There are, however, some few fistulæ which do not commence in this manner; such for instance as are the result of an obstruction or of a wound in an excretory duct. The liquid which passes through the wounded duct, in the last case, is diverted into the new channel, made by the wounding instrument, and the fistula which is the result is merely a simple passage. Fistulæ formed from a wound differ very essentially, however, from those caused by nature alone.

The discharge from and through fistulous passages may present characteristics of pus, gleet, sero-purulent, sanguineo-serous or mucus, matter; but the discharge varies like the cause, sometimes it is white and consistent, sometimes thin and flaky, sometimes pure, and again mixed with the product of some natural secretion, according to the location of the fistula, the general health of the patient, the length of time the affection has subsisted, &c.

These accidental and abnormal passages are formed at the expense of all the tissues in their immediate vicinity, taking the elements of their organization from them; hence the fibrous, nervous, mucous and osseous tissues may all enter into their composition, according to the locality of the fistula. I, myself, have found in their organization, mucous tissue, osseous substance, nerves, veins, and cellular tissue, according to the parts in which they originated, and through which they passed.

That these canals assume the mucous structure after giving passage for sometime to certain formations, and that they are analogous to other mucous canals, may be demonstrated by removing the thick false membrane which lines them, which can be done by scraping; and a subjacent membrane will be found which can scarcely be distinguished from true mucous membrane; being smooth, soft, villous and of a rosy color; and if examined with a glass, the villosities may be distinctly seen. Below this may also be found a fibro-cellular membrane, similar to that which surrounds mucous membranes. To all appearance, this analogous or apparently mucous membrane differs from the true one only perhaps by the absence of follicles and a layer of epidermis.

These fistulous passages sometimes become insulated and change into true excretory ducts, which present the same characters in whatever tissue they may be developed. They are generally single, but they sometimes ramify at their extremities, usually communicating with each other, and converging to one internal aperture. Their direction is mostly tortuous, yet they are sometimes straight and present numerous contractions and dilatations in their course. The composition of their tissues being contractile, they, like all other tissues of the organism, contract as soon as they cease to give passage to any liquid or discharge; their parietes approach

each other, they unite and finally change into a fibro-cellular cord which sooner or later, partially or entirely disappears. A case of this kind came under my own observation at New Orleans, in March, 1847. A black boy, aged twenty-five, the property of Mr. P——, of Columbia, S. C., died of pneumonia. Two years previously, however, he had a large and complete fistula in ano, which in one year afterwards entirely closed up and got well without any medical or surgical treatment whatever. An Autopsy was permitted me. I could distinctly feel the remains of the fistulous passage which I completely dissected out. It measured three inches in length, and was from two to three lines in diameter; its parietes being firmly united and having precisely the appearance and the feel of a cord. Since then, two similar cases have come under my notice.

It is in this way, then, that nature herself sometimes cures fistulous passages. A new action takes place in them, they gradually cease to give exit to their accustomed discharge, their cavity consequently contracts and becomes capillary, a union of their parietes takes place, and finally they are converted into a fibro-cellular mass, resembling a cord, which may sooner or later altogether disappear. They are developed at the cost of all the tissues through which they pass, and they disappear by restoring again what they received from those tissues.

A knowledge of the phenomena, relative to fistulæ, is of vast importance to the successful treatment of their various kinds, and should, therefore, be the great and principal objects of consideration in our indications.

The truth of these observations has already been proved by pathological anatomy. Hunter was the first who noticed the formation of these apparently mucous passages, and subsequently Dupuytren, who has treated the subject in a masterly manner.

LOUISVILLE, KY., March, 1849.

PNEUMONIC INFLAMMATION.

BY S. H. CHASE, M. D.

SOME time in the year 1847, I was called in great haste to visit a patient at one of the principal hotels in this city. On reaching his bed side, I found Mr. L., a very respectable gentleman from Green county, Ohio, laboring under the following symptoms: great lassitude, chilliness, cough and sense of oppression, and tightness about the precordia, the countenance expressive of anxiety, respiration very laborious, attended with a wheezing, rolling sound, and considerable harshness, the tongue white and covered with a transpa-

rent mucus, the skin dry and hot with great muscular debility, and the febrile reaction very vehement.

Being convinced of the character of the disease, from the symptoms present in the case, I determined on the following course of treatment: The patient was a muscular and vigorous man in health, of some forty years of age, and the attack recent and violent. I gave him sixty gr. of our A. B. physic and podophyllum combined. This combination acted as an emeto-cathartic. The object of this preparation was to produce a change in the excitability and circulation of the system, which had a happy effect in a very short time. At this stage of the case Drs. W. and B., of this city, came in, having been called by different friends of the patient. Dr. W., looking at the cup from which the dose had been given, remarked, that he approved of the size of that dose given, but continued that the patient must be bled copiously and that immediately; and on Dr. B. reaching the room, he concurred in the same opinion. But the patient, as well as Esq. H., who had charge of him, protested against blood-letting, and resolved on abiding my course of treatment. The result was, in a few hours the medicine promptly operated, and the patient experienced immediate relief, so much so that when I entered the room some five hours after, he said he felt almost well. When the emeto-cathartic had ceased to operate, the patient was washed off in the alkaline bath. I then continued the use of diaphoretics and corroborants; and in a short time my patient was discharged.

CONTRAST.—On entering the room of my patient, I was informed that I had been called for, some two hours since, to see a gentleman (a country merchant) who was in an adjoining room, who was attacked much in the same way as Mr. L. had been. I soon learned that other physicians had been procured, among whom were Dr. A., and J., and B., all of the Allopathic school. Venesection was the first measure agreed upon, and by the time they had taken from 12 to 15 ounces of blood from the patient, syncope followed. At this period I was called into the room, and found the patient in a sinking state, the lips purple, the face and extremities cold, the pulse small and laboring, the breathing short and hurried, and at last drowsiness came, and death closed the scene. So much for blood-letting in pneumonic inflammation.

PRACTICAL FORMULA—PARALYSIS, &c.

BY DR. P. F. SWEET.

Editors of Eclectic Journal:

GENTLEMEN: In compliance with your request, and with a wish to advance the cause of medical reform, I think practitioners of the Reform system should report their success in practice to your's or some other Journal, thereby intermingling their different, peculiar modes of treatment, with the formula of their remedial agents. If practitioners would generally adopt this course, medical reform would soon eradicate from the materia medica, those health-destroying, and death-producing agents, mercury, arsenic, antimony, and the lancet, with their different preparations, and they would only be remembered as agents used in a less developed and enlightened age of the world. I do not consider myself qualified to write for a medical Journal, but after reading your article to medical practitioners, and on reflecting that I had frequently obtained valuable information from persons who had far less advantages in medical knowledge than myself, it occurred to me, that probably, with my feeble efforts, I might help the cause of medical progress, by giving some of my peculiar means and modes of curing disease.

Very early in my career of practice with vegetable remedies, I discovered the disadvantage that Botanic physicians labored under, in having to administer large doses of crude articles to produce the desired effect; and in search for knowledge, I got an idea from Hahnemann, which has been of great use to me in preparing my medicines, which I will give for the good of all whom it may concern. I will give one formula, which will answer for a key, how any simple or compound medicine can be prepared, so as to retain all of its active principles, and have it in a condensed form.

FORMULA.—R Podophyllum 3 10, Sanguinaria Canadensis 3 2 coarsely powdered, put it in a bottle and cover with alcohol, let it stand three or four days, frequently shaking it, then filter through paper, after it is done dropping, put the drugs in a mortar and pound them well, then return them to the filter, and add fresh alcohol a little more than enough to cover the drugs, and let this last liquor several times pass through the drugs, and it will force out all of the active principles from the ingredients, with comparatively a small quantity of alcohol. Then I use a common tin pint cup, set in the top of a tea-kettle, filled with water, on the stove or furnace, let the liquor slowly evaporate (never let it boil) till it is reduced down to the consistency of molasses, and while hot, I add 3 12 powdered white sugar, the harder the grain the better, then add 3 2 croton oil, 3 1 oil of cloves. I first add a little salts of tartar to the croton oil, to neutralize the acrid principle of the oil; mix all

together and let it be well incorporated, then spread on a large plate to dry; it will become hard and crusty, then let it be well rubbed up and passed through a sieve, and it will be fit for use. Dose for an adult from one scruple to a scruple and a half. For the want of a better name, I christened it "*red powder*." An experience of six or seven years in the use of this preparation, in the treatment of a great variety of cases of disease, has fully satisfied me of its value, as a remedial agent, especially as a purgative and alterative. This medicine seems to exert a powerful action on the cutaneous tissue, relaxing the capillary vessels, and invariably producing perspiration. It also seems to have a controlling influence over the heart and arteries. In fact it seems to exert a specific action upon all the secreting and excreting vessels, penetrating and stimulating them to a healthy action. And in all those cases where mercury is supposed to be indicated, by the Old school physicians, it is a complete substitute for that mineral, and being a vegetable, it is far preferable; for, after having its effect, it passes off, and leaves the system free, whereas mercury fastens on the bones, and solids, and remains like a corroding canker, rendering vast numbers feeble and debilitated for life. It would be a happy event for mankind, if physicians would, for once, divest themselves of their blind prejudice in favor of the mineral, and consent, at least, to make trial of this vegetable substitute. The plea that the vegetable kingdom, contains no equivalent to mercury is no longer tenable; then why should not physicians discard at once the use of it, when it is admitted that in the aggregate it has proved a curse, a destroyer of the human race? The disuse of it, it is true, would lessen the employment of the medical profession; but the satisfaction they must feel at the proportionate decrease of suffering among their fellow-beings, will, no doubt, richly compensate them for the pecuniary sacrifice. I will enumerate some of the different forms of disease, which I have been successful in curing, with this medicine, in conjunction with our other known valuable medicines; this, of course, I consider the Sampson. All the various forms of fever, inflammatory rheumatism, chronic do., hydrothorax, or any form of dropsy, asthma, croup, erysipelas, scarlet fever, small pox, measles, cholera morbus, epilepsy, or falling sickness, paralysis, &c., &c.

I will state a case of *Paralysis*:

Mr. Barnes, aged thirty, had been under the old treatment for three years, till they said that medicine ceased to have any effect. The fact was, his money was all gone. His last resort was to go to the alms house, or employ a Botanic physician. The paralysis was mostly confined to the right side; it was with difficulty that he could move about, or give utterance to words so as to be understood. I commenced the treatment by given half drachm doses of the "*red powder*," to be repeated every other night, and to have the patient bathed with a weak solution of soda and salt, on going

to bed every night. By following this course, he was able to resume his work in two weeks, and was soon well. I will also state, that I successfully treated four or five cases of epileptic fits, by giving the above powders, every other night, and a tea of equal parts of scull-cap and garden rue, a tea cup full three times a day—this course to be followed up for four or five weeks. In cases of inflammatory rheumatism, it gives immediate relief. In bad cases, give the powders twice a day, and the sudorific drops in catnip tea at night, and the alkaline bath to the whole surface, frequently. This treatment will not disappoint any one,—it is sure.

PHILADELPHIA, FEB. 3, 1849.

CATARRHAL CONSUMPTION.

Editors of the Eclectic Medical Journal:

GENTLEMEN: Perhaps the following may in some way prove interesting. If you think so you may give it publicity in your valuable periodical. Shortly after I left the Institute, I was called to see a boy, fourteen years of age, son of Mr. Daniel White, in the most advanced stage of catarrhal consumption. He had been treated by two Allopaths of considerable celebrity, and finally given up as incurable. (Doctors Smith and Kaufman.) I was prevailed upon by several of my friends not to undertake the case, as it would probably prove a failure and hurt our cause. However, I substituted a course of treatment, with a considerable degree of courage—knowing the efficacy of Eclectic practice.

I found him as follows: Severe cough, great soreness in the chest, respiration quick, laborious, and wheezing, pulse 140, expectoration purulent, and copious, high febrile exacerbations at night, profuse and exhausting night sweats, dropsical swellings on the feet and abdomen, a highly dyspeptic condition of the stomach—in fact, almost every symptom indicating inevitable dissolution.

My treatment was first directed to the digestive functions. An emetic of lobelia, ipecac, and sanguinaria, was directed which had the double effect of cleansing the stomach, and of unloading the bronchia of considerable phlegm, followed by a hydragogue purge, A. B. powder, and sup. tart. potass, which partially removed the dropsical accumulations, and also expelled some thirty lumbricoides. An infusion of quassia excelsa was directed in doses of a table spoonful, three times a day, just before eating, which was continued until (together with an emetic and cathartic four days apart) the digestive apparatus became improved. Beach's pulmonary syrup was given then in the ordinary dose, and continued until he was cured, with an occasional omission of a week, until the stom-

ach would regain its former susceptibility; during which interval the quassia was given as above directed. While speaking of this article, permit me to urge a more extensive use of it. It will adapt itself to more cases, I think, than any bitter tonic of the *materia medica*. It has less tendency to putrefaction, and is destitute of those heating properties which belong to most others. It is pure and bracing, being usefully adapted to debility of the digestive organs. As a remedy, in female weakness, bilious and other vomitings, I think it has no parallel. Perhaps on a future occasion I may present my views more at large, concerning the many circumstances under which I have administered it, with the most conspicuous advantage.

His surface was washed twice a week with the ley wash, and his extremities rubbed every night with a stimulating ointment, with a view of diverting the circulation from the lungs and inviting it to the extremities, which were absolutely almost as dry and contracted as an enbalméd body. It had the desired effect. This was continued during the whole course of treatment, diminishing the number of times as we thought proper. He was so weak in the spine that he was unable to stand without the assistance of crutches, which defect I remedied by applying a strengthening plaster, two inches wide along the whole course of the spine from the base of the brain to the coccyx with the part over the lumbar vertebræ widened out in the shape of a T.

This application proved so exceedingly beneficial, that I was induced to try it on various other occasions, and with the same success. Pregnant females, troubled with an incessant cough, weakness in the back, &c., it is exceedingly valuable. A small room was prepared for him to set in, for the purpose of inhaling the smoke of tar. A small pan filled with coals, and pine chips put on it was the mode. And more particularly, after each vomit, he sat for an hour each time. I think more advantage will result from inhaling the fume directly after an emetic, from the fact of emetics expelling mucous from the lungs, which favors the passage of the tar through them. This was done every second day. An occasional hydragogue was given through the course, for the purpose of preventing and dispersing dropsical swellings.

In less than four months after, he was able to walk to my residence, a distance of three miles.

I forgot to mention, that the irritating plaster was used over the region of the stomach, for some weeks, from the commencement. Also, that the poor little sufferer was so extremely salivated that all his teeth were loose; and that he contracted the affection through exposure to damp air, whilst under the influence of calomel, given for a former slight indisposition, without the proper direction.

My preparatory studies were in the office of an Allopathic physician, eminent in his profession, and as a matter of course, I would

imbibe many of his views of the treatment of disease, and even when I left the Institute, prejudices existed in my mind, particularly concerning venesection; but after testing your principles, facts compel me to declare publicly and privately (in defiance of all the low charges, of root doctors, quacks, &c.) that Eclectic principles are infinitely superior in removing all diseases, and especially those of a chronic character. Every vestige of prejudice has fled to the four winds. I now only regret that I was so long in adopting what I since have found so valuable.

I say farewell to Allopathy, not to its members and friends, but to its principles. I now enter the new pathways of Eclecticism, which will eventually shake the time-honored temple of Allopathy to its foundation. Poor fellows I sympathize with them. Turn—why will you die.

If this is, in your judgment, worthy of publicity, publish it in your Journal; and if you think it not, withhold it. I write not to be heard, nor for the sake of writing, but for the good of our common cause, so far as my capacity admits.

I hope for the welfare of the Faculty, under whom I had the honor of studying, and for the rapid progress of Eclecticism.

Respectfully yours in truth,

DAVID S. PEPPER.

CHOLERA IN HOUSTON, &c.

REMARKS ON THE TREATMENT OF CHOLERA IN HOUSTON, TEXAS,
AND REPORT OF A CASE OF CHILBLAINS, PERNIONES.

BY J. CAM. MASSIE, M. D.

Editors of Eclectic Medical Journal:

GENTLEMEN: We have just been presented with a copy of your Eclectic Journal, by a gentleman of high literary attainments of this city, who is a warm friend to medical reform, and who views with liberality the different theories of the present day.

As your object seems to be purely eclectic, which we define, confining your teachings to no one sect of theories, but selecting and choosing from the whole; and as this doctrine is so much in harmony and unison with my own feelings, I have concluded, at the solicitation of a friend, to give you a brief idea of our treatment of cholera, and to report a recent and interesting case of chilblains. It would be well for me to say, that I reject no system on account of its theory, and have been regularly nurtured in an Allopathic school, but have long since learned that there were valuable remedies in the science of medicine, which did not belong strictly to

Allopathy. The consequence with me has been, that I have endeavored to make myself acquainted, not only with Allopathy, but with the different theories of Curtis, Beach, Priessnitz, and Hahnemann, and have, as I conceived, practically received valuable information from each.

The cholera has just ceased in this city, and it might probably be interesting to your readers, as I before observed, to have a succinct account of the treatment which we found most beneficial in our practice. We had considerable opportunities to test the value of remedies, as the disease was almost exclusively confined to the lower classes. My associate, Dr. H. C. Parker, and myself, adopted a course of treatment, which, in our opinion, succeeded well. In general, we were seldom called until the evacuations were copious, and not unfrequently until collapse had taken place. Our treatment was general, not confined to any system. At the commencement of the epidemic, I *pushed* calomel to some extent, and regret to add, in most cases the results were not favorable. I then resorted, in connection with my associate, to arrest the vomiting and purging, to the Homœopathic preparation of *veratrum* and *cuprum*, which were alternated every ten or twenty minutes. In no instance do I recollect of its failing to allay the irritability of the stomach, and in most instances arrest the discharges from the alimentary canal; when, however, it failed to do so, a glyster of starch, catechu, and opium succeeded well. To produce reaction, and a free determination to the surface, as well as to allay general excitement, and keep up arterial action, we combined equal portions of the tinct. opii, tinct. kino, tinct. camphor, with a few drops of the oil of black pepper, given in small doses at short intervals, sometimes alternated with Dover's powders, which succeeded most admirably: we resorted to counter-irritation, but in no instance did we perceive any beneficial results from it—the flesh-brush is far preferable. In some few instances we resorted to number six and the antispasmodic tincture, which seldom failed in assisting reaction, but the results which followed were generally of a typhoid character, which result induced us to abandon it. In the stage of collapse, or that stage approaching to it, we found *cold water* the great sheet-anchor. We generally stripped our patient, made the assistants hold him up, and would turn from fifteen to twenty buckets of cold water upon him; immediately wrap him up without wiping, in a warm blanket; apply hot bricks around him; and we are conscientious in affirming, that from a pulseless situation, in a few minutes the pulse would be perceptible, and continue to rise, under the use of friction and the prescription which we have given. When reaction was once established, we immediately resorted to quinine, with the happiest effects. We would remark, that we used the favorite prescription of Dr. Graves, acetatis plumbi and opium, and in some cases with beneficial results.

I was called some two months since to see Miss H., a very interesting young lady of this city, who was laboring under *chilblains*, and who had suffered for the last ten years the most excruciating agony; the feet and hands were both diseased, and upon every change of the weather, they would burst, and produce a most painful sensation; during no time, within that specified, was she able to walk a quarter of a mile, without great suffering, and during the whole time, ten days had never elapsed without her being confined. She dare not wash in cold water—every indulgence of this character was followed by an aggravation of her symptoms. When she applied to me, great inroads had been made upon her constitution; the parts were very much inflamed, of a livid hue, itching very severe, and, as usual, unable to stand. She informed me she had been under the care and treatment of distinguished physicians, both in Missouri and Arkansas: under these circumstances, I had no hope of giving her any relief, as I was aware, from her statements and those of her friends, that my medical brethren had probably exhausted their skill, and with but little success. To attempt a treatment, therefore, under the established principles of Allopathy, I viewed as folly, as every thing I suggested had been tried. In this dilemma, I was candid with the lady, and assured her that I thought it questionable about giving her any relief, but would examine her case thoroughly, and give her an opinion in a few days. I commenced that examination with Curtis, Beach, Elliotson, and the whole catalogue; I found in several a treatment that had not been adopted. I also examined Hahnemann on chronic diseases, and found he viewed sulphur almost as a specific in the disease, but from the manner in which it was ordered induced me to have, I may say, no confidence in it; but to gratify a curiosity of my own, and please rather a *whim* of my associate, I concluded to give the remedy, as no danger could result from it. I prepared ten powders of the sugar of milk, saturated them with two drops of the thirty-first dilution, ordered one every night, and in connection ordered, when the pains were severe for the first week, to pour cold water upon the affected parts. In a few days an evident change was manifest; the same course was pursued in until a few days ago, when the lady paid me a visit, and, with a countenance beaming with gratitude, assured me she was perfectly well. She has suffered no pain or inconvenience for the last seven weeks; walked some two or three miles a day or two ago, without any inconvenience; the affected parts have become smooth and healthy, and, to every appearance, perfectly sound. I had forgot to mention that upon every change of weather her nose would become of a blood-red, which symptom has also entirely disappeared. In conclusion, I view this as a remarkable case, and more so the treatment.

Houston, February 14, 1849.

Part 2.---Selected.

REPORT

OF THE

SELECT COMMITTEE ON HOUSE BILL NO. 118.

IN SENATE, MARCH 7, 1849.—The select committee to which was referred House Bill No. 118, “further to amend an act entitled an act to establish a Commercial Hospital and Lunatic Asylum for the state of Ohio, passed January 22, 1821,” had the same under consideration, and now

REPORT :

That although the majority of the committee on Medical Colleges and Societies are quite liberal in charging the friends of this bill with a resort to means calculated to mislead the members of this body, and to conceal the truth for the purpose of “making the worse appear the better case,” yet your committee will not attempt to vindicate the friends of the bill against charges thus gratuitously made. There is not only no evidence of a resort to such means by the friends of the bill, but a comparison of the *language* of their petitions, with that used by the remonstrants, might be some proof who was anxious to “make the worse appear the better cause.” While the former presents the matter to the public and the General Assembly, *clearly* and with a full *explanation* of the objects of the bill, the latter leaves all in doubt, and cultivates the idea that “all the professors and students are to be admitted into the same wards of the Hospital at the same time, to manage and control the patients in the same wards in utter confusion; and that the trustees of the township are to be ejected out of the Hospital.” All this is mere surmise; neither the bill itself, nor any thing which its friends have done or intend to do, will for a moment warrant such a conclusion. It is said by the majority, that to allow the patients to choose their own physicians, would lead to the worst of consequences. Your committee cannot come to that conclusion, and, if it were allowed an opinion on the subject, would express the very opposite. Within the proper limits and under proper regulations, such as may be made, and such as the bill contemplates, the most beneficial results must follow. Much is said by the majority, and very justly, of the importance of peace and quiet of mind to the sick, and in connection with

this subject, the committee affirm the importance, if not the absolute necessity, of the languishing patient's faith in his medical attendants. Why not, then, give the unfortunate the opportunity of aiding in his own cure by the exercise of that faith in an attendant of his own choice? If he cannot have that choice when he desires it, but is obliged to submit to a course of treatment which he distrusts, and in which he has not full confidence, all must acknowledge that his chances for a speedy recovery must be greatly diminished. So powerful an effect does the "faith in the doctor of one's own choice" produce on the disease, that some very learned physicians of the old school are in the habit of attributing many, if not all the recoveries that take place under Homœopathic treatment, to faith in the physician.

But to allow the inmates of the Hospital, on entering the same, to make choice of a physician, is said to be almost entirely impracticable. Your committee is not prepared to say how far such a principle is practicable: but believe it will be prudent to give such privileges, and experience, under the direction of humanity, will prove how far the same is practicable, and to that extent your committee go—the bill goes no farther. The bill contemplates a classification of the patients as they enter, between the different departments, unless the patient expresses a decided preference for some one department over another, in which case the wish of the patient shall be complied with as far as practicable. This is the language of the bill, and is so clear that none can misunderstand it. No one is to be catechised as to his choice, but all are left free to choose his medical attendant or not, as he pleases. While each department is to be equally and fairly dealt by in respect to patients, none will be admitted to either department, except in *regular alternate order*, unless a preference is expressed by the patient, as before stated.

If a difficult, novel, complicated, or obscure case of disease occurs, and the attending physicians are not satisfied about it, certainly, if it be the patient's wish, the medical attendant ought to have the right to call in any physician to his aid, whether he belong to either of the attending faculties, or is unconnected with the Hospital. The bill provides for this contingency, by allowing the physician to call counsel, since no one is so wise but that some other one may know things beneficial on such occasions; and it might happen that a physician in the city could render aid on particular occasions, better than any one else, even though he was not a professor in either college.

It is said by the majority, that no motive of monopoly induced the state to establish this Hospital. But it is also stated, that "it was not intended for a school of *clinical instruction*." This your committee conceives to be an error, no doubt unintentional, but the eighth section of the act founding the Hospital, provides

that the faculty "may prescribe regulations," and under such regulations, "introduce the pupils of the Medical College of Ohio into said Hospital, to witness the treatment of patients there assembled." The faculty has, by regulations, constituted a school for clinical instruction, and given clinical lectures in a lecture room in the Hospital, accordingly. The fact was apparent to the Legislature then, as it would be now, that such institutions were connected with medical colleges both in Europe and America, and that to enable the young men preparing themselves for the very high and responsible duties pertaining to the practice of medicine, and to qualify them as fully as they ought to be, it was all-important that such an institution should be established in such a situation as that the *medical students of Ohio* could have the benefits of clinical instruction without being dependent for that instruction upon the eastern schools. The General Assembly, acting under these views, as well as for the other benevolent purpose of providing a home and a resting place for the sick and the afflicted, established the Commercial Hospital at Cincinnati. It was as well a school of clinical instruction as an alms house; nor does your committee agree with the majority, that it is detracting from the benevolent intention of the Legislature, or the people of Ohio, to suppose while they established an institution for the benefit of the poor and the distressed, they at the same time established in that institution such a regulation as will enable those to whose skill and practice the people will submit, to be well qualified to practice with honor and success to themselves and the medical profession, and safety to those who shall fall under their charge. It is said by the majority, that it was made the "*duty*" of the faculty of the Medical College of Ohio to attend the Hospital. It is true, the term "*duty*" is used in the law, but the term *privilege* would have expressed the idea much more distinctly. The law confers the *privilege* on the faculty to attend the Hospital, and for its prescriptions for the patients, under its own regulations, admits its students for clinical instruction; but it was not intended to be an exclusive privilege forever. The state of Ohio has given that faculty the use of more than *forty thousand dollars* of the public funds, upwards of twenty years ago, to build up a college and furnish it, and has given the faculty the *privilege* (or made it their *duty*, if you please) to lecture and receive the income, without rendering any return to the state, except in instruction to medical students, and prescriptions for the sick. It is said, the faculty has performed these services "without fee." Is not the attraction for students to their college, presented in their clinical advantages, an ample compensation? If not, why not now relinquish a share to other hands, and be discharged in part from these onerous duties imposed? Why labor so vigilantly to shut out others from the privileges so necessary to the public welfare?

The majority ask, "Will the bill destroy the monopoly?" and then affirm that "three schools may monopolize as well as one." It will be recollected that these three schools embrace the two great classes of medical men—the *old school* and the *reformers*. The eclectic school is not bound to any of the exclusive systems of the past—is liberal and enlarged in its views—condemns none for opinion sake; and while it embraces a large portion of the practice and teachings of the old school, it is not opposed or indifferent to the improvements which have been made by those not directly in its own ranks. The reformers treat all knowledge and improvement with respect, and venerate true science wherever found. They do not deem opinions necessarily erroneous because such opinions are new. Having an equal knowledge of the old school practice with its friends, and studying all their writings, teachings and scientific disquisitions, the reform school has the advantage of a thorough knowledge of the practice of both. This being the character of the reformers, no monopoly can exist, as all will be free to attend their teachings, witness their practice, and receive their instructions. The arrangement proposed by this bill will not only confer the greatest good on the greatest number, but the benefits will extend equally to all, and there will be no "privileged few," to the exclusion of the many.

It is charged by the majority, that the argument used by the friends of this bill would (if unsuccessful) throw open the doors of all the benevolent institutions of the state. Your committee cannot view the matter in that light. No analogy whatever exists between the Commercial Hospital and the Asylums located in this city. But it is believed no good reason can be assigned why the General Assembly might not confer on the faculty of the *Starling Medical College* the privilege to visit those asylums, with their students in proper numbers, and under proper regulations, and consult with the superintendents respecting the inmates. That medical and surgical clinics might be furnished from these institutions without the slightest detriment to the invalid and the sick, and to the great benefit of medical science and medical students, your committee does not doubt. Especially so, since clinical lectures are not necessarily given in the bed rooms of the sick, but may be given with equal advantage in apartments beyond the hearing and disturbance of the languishing patient, from notes quietly taken by the attending physician at the bedside.

It is further stated by the majority, that the Commercial Hospital is not a state institution because it depends for its support on the tax-payers of Cincinnati. In reply, your committee beg leave to introduce a statement of the finances of the Hospital as reported by the trustees of Cincinnati township in their last financial report, dated 6th March, 1848. This report shows most clearly that, instead of the Hospital being a source of expense to the township, it

has yielded a handsome income. The Hospital not only supports itself, but pays several thousand dollars toward supporting the paupers of that township. The items relative to the Hospital, in the account, stand thus:

RECEIPTS OF HOSPITAL.

Amount received from auction duties and licenses,	\$4,381 67
“ “ Hamilton co. for keeping lunatics,	4,859 87
“ “ Cuyahoga co. do. do.	464 00
“ “ Millcreek tp. for keeping paupers,	226 00
“ “ Darke co. for keeping lunatics,	124 00
“ “ Green tp. for keeping paupers,	61 42
“ “ Colerain tp. for do. do.	45 28
“ “ Sycamore tp. for do. do.	6 46
“ “ Springfield tp. for do. do.	32 56
“ “ Miami and Clermont counties for keeping paupers,	58 28
“ “ U. S. Surveyor of the port for Cin'ti, for keeping boatmen,	1,025 50
“ “ Sundry persons in the Hospital,	2,184 77
Amount due from Hamilton county for keeping lunatics,	1,306 25
Amount due from Millcreek, Colerain Fulton, Miami and Union townships,	734 54
And from sundry persons for keeping lunatics in Hospital,	1,108 86
	\$16,619 46
Amount of <i>taxes</i> to meet expense, - - - - -	6,983 97

\$23,603 43

EXPENDITURES.

Amount paid for support of Hospital,	\$16,271 39
“ “ Fuel used in Hospital,	2,121 22
“ “ Steward, nurses, cell-keepers and others in the Hospital,	3,481 27
“ “ Interments, including coffins, &c.	1,749 55
	\$23,603 43

From these certified statistics, it will be seen that Cincinnati township raised by tax, \$6,983 97, a sum not by any means sufficient to support the paupers of the township, if they were supported elsewhere than in the Hospital. By the annual report of the trustees of the township, for the year ending the first of January, 1849, it appears that there was in the Hospital 203 resident township paupers at that time; and it further appears from the report of the township trustees of 1st January, 1848, there were in the Hospital, 125 resident township paupers. The average for those two years is 164 resident township paupers to be supported by the Hospital.

By the law, the Hospital is allowed to charge \$2 per week for keeping strangers. Now if we charge the township \$1 25 per week only, which is very cheap, for keeping these 164 paupers, it would amount to \$10,660. This amount the township now pays, under the regulations of the Hospital, with \$6,983 97 in taxes. Thus it will be seen that the township is the gainer by the operation of the Hospital system, of a sum of \$3,676 03.

How do these facts compare with the statement made by the majority, that "eleven thousand dollars are now raised by the township of Cincinnati, to pay the deficit of the Hospital expenses." It is true the trustees of the township report that they have expended \$14,789 18, for the relief of out door poor, and it is probable they wish to add that sum to the Hospital expense, and this may account for the \$11,000 00 certificate referred to by the majority.

It is further stated by the majority, that the affairs of the township of Cincinnati, are so interwoven with the Hospital affairs, as to render it impossible to separate them. The thousands who have petitioned the General Assembly, by their earnest petitions affirm to your committee, that the fact is otherwise. The bill provides for the appointment of a board of managers, who shall arrange matters for attending the sick, as well as the insane. Certainly, this board will do nothing to jeopardize the comfort or the lives of the inmates. We cannot in advance pronounce them destitute of benevolent feelings, and other qualities necessary to the carrying out in a proper manner, the provisions of the bill. The bill, as your committee understand it, does not propose to interfere in any manner, with the *rights, privileges or duties* of the township trustees. It leaves them and their authority just where it finds them. The bill only affects the medical management of the Hospital, which never was in any manner subject to the control of the township trustees. The original law precluded them expressly from it, except so far as the appointment of stewards, nurses and servants were necessary. That law did not give them the power to appoint an "*apothecary or house surgeon*," or to direct in any manner, with reference to clinical lectures. The bill only substitutes the three faculties for one, and the board of managers, are only for the medical and surgical management of the Hospital. They are to do for the several faculties, just what the faculty of the Medical College of Ohio, did for itself, independently of the trustees of the township. No change in the mode of providing for the management of paupers, is contemplated, nor in the manner of providing for the sick.

But the majority say the matter has not been publicly-discussed, and that petitions, no matter how numerous, ought not to be regarded. From each of these propositions, your committee respectfully dissent. This controversy commenced in 1845, as may be seen in the public documents of the state of that year. Petitions were

sent into the General Assembly by the friends of the principles of this bill, while the trustees of Cincinnati township sent in their remonstrances. During the last summer, and the previous winter, the substance of the bill was made the subject of public lectures, before numerous meetings in the city of Cincinnati. Daily papers to the number of many thousands, circulated among the people, discussions and notices of the increasing interest of the controversy.

The majority inquire, "where is the necessity for this change?" This interrogatory comes to the gist of the controversy, and your committee will proceed to give several reasons why the change should be made. The first reason, and one of the greatest importance is, that the change is necessary to the welfare of the unfortunate victims of disease, themselves. All other reasons sink into utter insignificance when compared with this. By the contemplated change, they will have the benefit of the skill and talents of the most distinguished physicians of the rival schools. A desire to present a record of the most successful practice, will stimulate the faculties to extraordinary efforts, and in every department of medical practice at the Hospital, the sick and the insane will derive a superior benefit. At present the sick have no more than the ordinary attentions, incident to undisturbed security, and an incidental reward, to their medical attendants. By the change they will have three house physicians to attend them constantly; each stimulated by a laudable ambition to serve and to relieve, each being obliged to keep a record, and open that record, to the inspection of a rival in his profession. The utmost vigilance, care, kindness, and proper treatment of the patients, may be certainly anticipated from the result.

Who cannot see that under such an administration, though no one faculty may have the same opportunities for giving clinical instructions, as has the present faculty, yet it will be infinitely to the advantage of the sick; not only so, but the community at large would be greatly benefitted by the regular monthly and quarterly reports to be made from journals kept by each department. From such statistical minuteness, a very correct estimate can be made of the relative merits of the rival schools, and the relative value of their plans of treatment. Is there no reason to believe there might be a change for the better, by exciting physicians to extra exertions and watchfulness, if even there be no difference in skill? Has the success in that Hospital been such as to recommend it to the confidence of the public? Has not the confidence of the State been misplaced? By the last annual report of the Hospital, dated January 1st, 1849, the whole number admitted, are reported as patients in the Hospital. That number is 2581, of whom 306 died. But there is a gross inaccuracy in the Hospital report, which has led the majority into the same error. That inaccuracy consists in adding the resident township paupers to the list of patients. For i

the footings of the columns in the table of diseases, mentioned in the report and headed "admitted," be put together, they show all the cases of diseases treated during the year, to have been only 1712, instead of 2581, as stated by the majority. The remaining 869 being *paupers in the poor-house* department, and not patients. This correction shows a fatality of about 20 per cent., or, that about one out of every five of the patients, died. There were 1712 cases treated (exclusive of small-pox) and of these 288 died, being an average of one death to every 5, 94-100, cases treated. The most unsuccessful year for the Baltimore Hospital (except in cholera seasons) shows 2429 cases treated and 286 deaths, being one case to every 8½ cases treated. In regard to the Baltimore Hospital, the attending physician occupies in his report, three or four closely printed pages, in excuses and apologies for such extraordinary fatality that year. In 1834 (a cholera season) the number of patients admitted into one of the New York Hospitals was 1721, and the number of deaths were 174, the fatality as shown by the report of the Hospital, is about one tenth of the whole number treated. The number of patients admitted to the *Chelsea Marine Hospital, Massachusetts*, for a series of years, was 9170, and the number of deaths, for the same time, were 533, being an average of one death to every seventeen cases treated. The whole number of patients admitted to the Commercial Hospital at Cincinnati, (exclusive of small-pox,) in eight years, ending January 1, 1849, was 9498, of whom 1251 died, an average of one death to every 7, 59-100 cases treated. The account stands thus :

Chelsea, 9170 cases treated, 533 deaths—1 to 17.

Commercial Hospital, Cincinnati, 9498 cases treated, 1251 deaths—1 to 7½.

Or, if the worst years are compared, the exhibit will be as follows :

New York Hospital, cases treated 1721, deaths 174, or 1 to 10.

Commercial Hospital at Cincinnati, cases treated 1712, deaths 288, or 1 to 5 94-100.

Baltimore Hospital, cases treated 2429, deaths 286, or 1 to 8½.

The whole number of cases treated in all the Hospitals of France in 1835, was 597,302, and the whole number of deaths were 45,303, or 1 death to 13.

In the Hospitals of Paris, in 1840, the whole number of cases treated was 83,644, of which 7,089 died, or 1 to 11 4-5.

Your committee have selected from the report of the Commercial Hospital a number of forms of disease, and the reported deaths caused by those diseases, for the purpose indicated below :

Cases treated. Deaths.

Typhoid Fever, - - - - -	45	20
Typhus " - - - - -	76	21

	Cases treated.	Deaths.
Chronic Diarrhœa, - - - - -	82	20
Jaundice, - - - - -	15	3
Ulceration of the Bowels, - - - - -	61	58
Acute Diarrhœa, - - - - -	44	4
Typhoid Pneumonia, - - - - -	13	5
Gastritis, - - - - -	11	3
	347	134

Average, one death to every two and an half cases treated.

Believing the proportion of deaths to the whole number of patients treated in the Hospital, in the forms of disease, above specified, to be unusually great, your committee addressed, to a number of the physicians of this city, a letter in the following form:

“SENATE CHAMBER,
COLUMBUS, March 2, 1849.

—, M. D.

Sir: Being desirous to report intelligently on the bill relating to the Commercial Hospital at Cincinnati, as a select committee on that subject; and lacking the facts necessary to enable me so to report, I have taken the liberty of enquiring respectfully of you, at what proportion to the whole number of patients treated in your practice, does mortality occur in the following forms of disease:

Typhoid Fever; Typhus Fever; Chronic Diarrhœa; Jaundice; Ulceration of the Bowels; Acute Diarrhœa; Typhoid Pneumonia; Gastritis.

I find, dear sir, by examining the statistics of the Commercial Hospital at Cincinnati, the mortality is stated at about one-fifth of the whole number treated, and in the above specified cases the fatal results are much greater. Please answer this line at an early day, in which you will have the goodness to say, whether or not I am at liberty to use your answer publicly.

Truly yours,

JOHN F. BEAVER.

DR. CASE IN REPLY.

COLUMBUS, March 6, 1849.

JOHN F. BEAVER, ESQ.

Sir: In reply to yours of the 2d inst., I would say that, judging from what data I have, mortality occurs in the following proportions in my practice, in the diseases you specify. In Typhoid fever, 1 in 15; Chronic Diarrhœa, 1 in 30; Uncomplicated Jaundice, none fatal; Ulceration of the Bowels, 1 in 20; Acute Diarrhœa, not more than 1 in 50; Typhoid Pneumonia, 3 cases, none fatal; Gastritis, about 1 in 15. You can use this publicly if you wish.

D. CASE.

Your committee has received other answers, some verbal and

some written, which so nearly coincide with the above that it is deemed unnecessary to insert them at length. Upon the whole, the result of the practice in this city, would indicate the mortality to be, about one in every thirty cases treated of the forms of diseases above specified. Your committee is further informed, from the most reliable sources, that the fatality in Hospital practice is necessarily greater than in private. But the difference being so very great, in the same forms of diseases, it would seem to your committee, radical deficiencies must exist in the treatment of patients at the Commercial Hospital, which call for a salutary change.

It may be supposed, the extraordinary fatality of the cases in the Commercial Hospital will be, in some measure, attributed to the fact that a large portion of the inmates, were boatmen from the river, afflicted with the dangerous diseases incident to the southern climate to which they are exposed. When we look at the report, however, we find of that class 347 admitted, of whom only 22 died, or about 1 in 16. The mortality among the resident township paupers seems, on the contrary, to be much greater. Of 589 township paupers, who were necessarily residents of Cincinnati, the report shows that sixty died, and your committee is not aware that the city of Cincinnati is more unhealthy than other large cities; but on the contrary it has the reputation of being one of the most healthy in our land.

As it is more than probable, that scourge of humanity—the *Cholera*, will visit our country this year, your committee thinks it proper, to give some statistics relative to the successful treatment of that disease, by the rival schools. When it made its appearance among us several years ago, the deaths appear to have been from one-third to one-half of all the cases treated by the old school physicians. Nine cases of cholera were treated at the Commercial Hospital during the present year, of which five died, showing that no improvement has been made in treating that disease at the Hospital, as its mortality is about the same as when it visited our country before. Your committee has been furnished with statistics of the treatment of cholera, by both Homœopathic and Allopathic professors, in their respective Hospitals, and it is thought proper to introduce briefly their reports. In a medical work, entitled “A Concise View of Homœopathy,” published in Dublin in 1845, will be found statistics as follows:

The average proportion of deaths in Paris, from Cholera, treated under the Allopathic practice, was 49 per cent., while that, under the Homœopathic, was only 7½ per cent. In Vienna, (Aus.,) under the former, the deaths are reported at 31 per cent., while under the latter it was only 8 per cent. In Bourdeaux, death occurred under Allopathic treatment at the rate of 67 per cent., and under Homœopathic 17 per cent. only. The general average in the places mentioned will stand thus: Allopathic 49 per cent.,

Homœopathic 10½ per cent. The record of mortality in twenty-one Hospitals in Europe, shows the average deaths under Allopathic treatment, to be 65½ per cent., while in ten Hospitals where the cholera patients were under Homœopathic treatment, the average deaths from that disease, was 11½ only. In a report published by the authorities of Pischowitz, (in Prussia,) will be seen that 680 cases of cholera were treated as follows: 278 treated Homœopathically, of which 27 died; 381 treated Allopathically, of which 102 died. The proportions of deaths under Homœopathic treatment was 10 8-10, while under that of Allopathy, it was 33 per cent. In "The American Journal of Homœopathy," may be seen the following statistics: In the Protestant half-orphan asylum, sixth Avenue, New York, during seven years, from 1836 to 1842, inclusive, there were 858 children, of whom 22 died. During that period the asylum was under Allopathic treatment. During the subsequent five years, this asylum was under Homœopathic treatment, and the number of children was 864, of whom six died. Ratio of deaths under Allopathic treatment, 1 in 39; under Homœopathic, 1 in 144. In "Little's Journal of Foreign medicine," page 94, it is stated, that 16,985 Syphilitic patients were treated in the Hospitals in Sweden, during a period of five years—that 6707 of whom were treated dietetically, (or taking no medicine,) and six weeks were, in general, sufficient for a cure. The relapses were 7½ per cent.; and that 10,278 were treated upon the mercurial plan, and of these the ratio of relapses was 14 per cent.

The books consulted, and the reports and statistics referred to by your committee, are believed to be those of standing authority among medical men, and the results would strongly indicate that the public, as well as the patients, in the Commercial Hospital, would be greatly benefitted by the introduction of these vast improvements in medicine into that institution. Your committee is informed that the ECLECTIC practice, which this bill proposes to introduce into the Hospital, includes Homœopathy, and that the principles of Homœopathy are taught in the Eclectic College. It is also claimed by the Eclectic Faculty, and by a numerous portion of the community that the peculiar course of practice pursued by those professors, is still more successful than the Homœopathic treatment alone. The Eclectics further claim, that, though Homœopathy is peculiarly applicable to *some cases*, and superior as a whole to the old practice, yet, from a judicious discrimination, many cases are believed to exist, in which the Homœopathic remedies are insufficient. But in these cases, other remedies are applied under the Eclectic practice with the happiest results, and in none more so than cases of Asiatic Cholera.

The majority urge objections to the provisions of the bill, which your committee will now proceed to answer briefly. One objection is made to that part of the bill which provides for the appointment

of a Board of Managers, to consist of one from each of the three faculties, and this is called unfair. Your committee can discover nothing unfair in such an arrangement, except perhaps it coerces an unwilling party to yield a portion of a common right to others, only equally deserving. "Should it so happen (say the majority) that two of the faculties should issue a certain order, which the other faculty deemed injurious to the institution and its inmates, the dissenting faculty must yield its own better judgment, even though based upon many years of hospital experience, for the almighty power of a majority has been wielded against them." Your committee is aware that it is an effort of great virtue for old incumbents in honorable and profitable offices to surrender any portion of their former prerogatives. But no ground for apprehension exists. The bill provides that the *division shall be equal*, and except the division, and the plan for the quarterly reports of the house physicians, there can be no dispute, the decision of which will be of any serious moment. There is no danger, therefore, of the majority oppressing the minority. From the situation of the several faculties, there is no reason to apprehend any two will be disposed to oppress the other: and your committee is of opinion that the passage of this bill will, by uniting the interests of the faculties as to the division of the Hospital, and making them better acquainted personally—do away with many of the dreaded asperities. The mutual interest existing among the students, meeting to attend the same lectures, and the information to be obtained by attending clinical lectures in the different schools, will be safe grounds against any discord or contention that would seriously threaten the success of either. That doctors, like other men, may disagree, is very true, but in this instance, it will be the interest of all to harmonize, and that interest will soon dictate the means to subserve the interest of all the faculties and their students.

The 11th section of the bill, which provides for the appointment of members of the board, by the city council, is also objected to by the majority. They represent that provision as contemplating the appointment of members of the board to fill *accidental* vacancies. Thus the majority misrepresents the motives of the friends of the bill.

The Proviso to the eleventh section declares, that if there be but two members of the board of managers appointed by their respective faculties, and the *third* faculty *refusing*, for the space of *ten days* after notice, to appoint, *then* and in that contingency, the city council shall appoint, &c. That provision is perhaps indispensable to the attainment of the intention of the bill, i. e., *the certain appointment of one member to represent each faculty*, in the board of managers; for if one faculty refused to appoint, the object of the law would be defeated. It is proper that the board consist of three members, and these, if not appointed by the fac-

ulties respectively, are to be appointed by the city council, so that neither shall have the advantage over the other, by having two physicians of the same school in the board, and to that end it is provided that the one appointed by the council shall be *neutral* as far as possible, and shall not be a physician. But if, after such appointment by the council, the refusing faculties or faculty shall comply with the law in relation to appointment, then the privilege may be resumed at any time by them.

The majority object, with great force and propriety, to that provision of the bill authorizing the students to follow the faculty through the wards of the Hospital, by which "a crowd of careless strangers will surround the couch of anguish." The custom in eastern hospitals, your committee is informed by good authority, has been to permit the entire class to follow the faculty through the sick rooms. From motives of humanity, such as expressed by the majority, that custom has been abolished in the Commercial Hospital, and the bill has been prepared with an anxious eye to that improvement. This motive prompted the friends of the bill to limit the number to "*not more than twenty.*" The present arrangement in the Commercial Hospital allows the students to visit the clinical wards, containing eight or ten beds, in the proportion of two to each bed, so that in the large wards from sixteen to twenty may visit at a time, examine the patients, quietly retire, and report to the professors. This, your committee is informed, may be done without any detriment to the patients. The clinical lectures are delivered, and surgical operations performed in a lecture room, separate and apart from the sick rooms. So, it will be seen, it was to guard against the recurrence of the practice of admitting the whole class, that this limitation was introduced into the bill. But in practice, the bill, while it limits the number that may visit the wards at one and the same time, will admit of single visitants as well as more, in all cases that require discretion; and your committee cannot presume, that the faculties will permit any custom which will diminish the chances of successful cure, they having so deep an interest in the successful treatment of their patients.

The majority ask, "Why did the trustees reject the faculty of the Cincinnati College?" Your committee might ask quite as pertinently, why did not the trustees of Cincinnati township admit Dr. Drake's faculty? It is admitted he occupied a position pre-eminent in medical science, then why not give the inmates of the Hospital the benefit of so distinguished a physician? The simple answer is, that the law was so framed as to enable the trustees to defeat the object of the legislature. By consulting *Dr. Drake's law*, and the decision of the Supreme Court of Ohio, on a question arising out of that law, the interrogatory of the majority is fully answered.

It is alleged that experience in other cities proves, that separate or distinct systems of practice in the same hospital is impracticable, and would drive "concord and harmony from such an institution." Your committee is informed, through a medical gentleman who has attended the hospitals at Philadelphia, that different faculties and their students visit there for clinical instruction—that no difficulties or disturbances arise in consequence, though the attendants are students and faculties of rival schools.

Another instance may be mentioned. While two rival colleges were in operation in New York, the professors and students of both were allowed to attend the same hospital on alternate days, and to treat patients in separate apartments.

By a late publication, "*The Homœopathic Journal*," edited by A. C. Baker, M. D., of Boston, it is stated, that in the celebrated Hospital of St. Petersburg, (perhaps among the most celebrated in the world,) one-half of the inmates are treated under a Homœopathic physician, Dr. Stender, under an arrangement of the government, for the purpose of testing the relative merits of the rival systems.

And here too, may be mentioned the fact, that in New Hampshire, (the home of the illustrious "*Dartmouth College*,") an act passed during the late session of its legislature, making a similar arrangement between the medical department of that college and the college of medical reformers recently chartered in that state.

The majority say that the Hospital, to be useful, must be "under the management of one undivided head." So far as providing the necessary comforts of life, such as board, fuel, &c., is concerned, this is true enough, and will continue as it now is, under the management of the township trustees; but with regard to the treatment of the sick, and managing the inmates of the Hospital, your committee thinks enough has been said to show no such necessity exists in fact. No good reason has been shown, why twenty physicians may not attend patients in twenty rooms, without the slightest inconvenience to either. The plan proposed for adoption by this bill, it is said, "will destroy the institution." Whatever others may believe on that subject, your committee is forced to a very different conclusion. The most learned and wise will repair to its wards, prescribe for the sick, and thus enlarge the sphere of its benevolence. They will cling round it in their interest, and their interest will be advanced by honors gained in successful treatment and practice. With such incentives to professional honors, the institution cannot but be safe.

Looking forward to a division, the majority ask, "how shall that division be made?" A sufficient reply can be made by saying, in the manner suited to the improvements in medical science contemplated to be introduced. And perhaps the most important consideration involved in that division, would be, whether the wards

be large or small, and how to divide them so that the infected atmosphere be not rendered common to the patients. One of the reasons assigned for extraordinary success in the Boston Hospital, is, that the wards are small, and few beds in each room. The subject has been ably discussed by a medical writer, in "*The Boston Journal of Medicine*," who, after having visited numerous hospitals in Europe and America, gives the public his conclusions in substance thus: "Small hospitals are more healthy than large ones. The mortality is to be attributed to some extent to bad atmosphere in those places. If we reflect that the air in a moderate-sized bed chamber is vitiated by one or two persons inclosed, in eight hours of the night, what must we suppose the air of a room to be which contains from fifty to one hundred patients affected with various forms of disease. Small apartments with few persons in each, are much freer from the evils of hospital atmosphere than large ones with many patients, even though the numbers in each are proportionate to the size of the rooms, for the height of large rooms is never proportionate to their size. Because, though the small ones may be as much crowded as the large, yet they are much more easily ventilated, and the atmosphere in them much sooner purified. Epidemics peculiar to hospitals, such as hospital-gangrene, &c., may be prevented from passing from one apartment to another, while they will affect all in the room where they begin, however large they may be."

It is said the hospital is now full to overflowing. Your committee are informed, the hospital buildings are sufficiently extensive to accommodate from six hundred to eight hundred persons; that is more room than will be needed for the sick only, for a number of years to come. Many of the paupers now resident in the hospital, will soon be withdrawn, in consequence of the erection of the Hamilton County Poor House, which will be completed, in all probability before the end of the coming summer, so far as to receive the poor of the county.

Your committee, therefore, thinks that the arrangement contemplated, can be made without any such an outlay of money as is intimated by the majority—a sum much less will answer. Your committee will close this report by an epitome of the project contemplated by the bill, pronounced by an eminent physician, in a lecture on this subject:

"Under the proposed law a most beneficent change will be seen. Patients will freely choose their treatment from the most distinguished men of three medical faculties, and from other physicians of the city, who are willing to give gratuitous assistance. Thus will the whole medical talent and learning of the city be brought within reach of the poor for their relief. With three house-physicians to give constant attendance, and with a faculty of six or seven physicians to each department, the poor patients will have as

faithful attendance as the wealthiest of the land. In each department the records will show, at any time, the treatment and its results, and if the treatment of either faculty should show superior success in cholera or any other prevailing disease, the other faculties, more unsuccessful, would be compelled to adopt a similar plan, or sink the reputation of their school beyond recovery. This imminent responsibility, from publishing the records, would create such a vigilance and fidelity in the physicians as has never before been seen in hospitals, and the statistics obtained would induce the medical profession, generally, to adopt the methods which proved most successful, and would thus produce incalculable benefit to the whole country.

"The employment of different physicians in different portions of the same hospital, is nothing new. It is the only way in which a large hospital can be successfully conducted, and the difference of treatment proposed is one of its greatest advantages.

"There can be no confusion or collision, for the several faculties are to be as distinct and independent as if in three different hospitals, and the only matters of common interest between them, the division of the hospital, the preservation of order, the days of lecturing, and the purchase of a library, are to be adjusted by a committee of one from each faculty, to be called a board of managers, which is really but a committee of conference, for their common business.

"Students attending the hospital will be enabled to receive three times as much clinical instruction as heretofore, at the same expense, and medical men from all states of the Union will be attracted by the fame of an institution in which all systems of medical practice may be learned and compared, at a trifling expense, and their true value ascertained by their immediate results.

"This open competition in lecturing will operate like the medical *concours* at Paris, in which rival professors test their comparative abilities, which have made that city the head-quarters of medical science for Europe. A similar effect will be produced in Cincinnati, giving to its medical colleges an American celebrity. The students will partake of the zeal and ambition of their professors, and each will acquire from his varied instruction enlarged views of medicine, which will prevent his becoming an ignorant partizan. Mutual intercourse will beget mutual friendship, and remove many prejudices which arise when separate.

"The medical students of Cincinnati, for several years, have manifested a most peaceable, moral, and gentlemanly character. No serious disturbance or quarrel has occurred for years at either of the colleges; their lecture rooms are characterized by decorum and good humor, and so far from riotous collisions occurring, Cincinnati, with its three schools, has had less disorder among its students, than several other cities in which but one school exists.

The majority of the students of the city are already taught by their faculties to be courteous and liberal to those of different opinions, and the passage of the bill will introduce an era of general harmony and mutual intelligence.

“The Commercial Hospital of Cincinnati will be changed from one of the most unsuccessful hospitals ever known, to the very best in America; and, without one cent of additional expense, a library and pathological museum, both of which are deplorably needed at present, will be established from the proceeds of the hospital tickets, for the benefit of the medical profession, and for the lasting honor of the state of Ohio, which already stands high in medical reputation, and which, under the proposed law, will soon rank among the foremost states of the Union, as to the greatness and celebrity of its medical institutions.”

The bill is therefore reported back without amendment, and recommended to its third reading and passage.

All of which is respectfully submitted.

JOHN F. BEAVER, *Select Committee.*

ON THE ADVANTAGES OF SOLUTIONS OF CAOUTCHOUC AND GUTTA PERCHA IN PROTECTING THE SKIN AGAINST THE CONTAGION OF ANIMAL POISONS. *By William Acton, Esq.*

The author states that he has been engaged in performing various experiments with solutions of gun cotton, gutta percha, and caoutchouc, with a view of testing their property of protecting the surface from the influence, by contact, of contagious poisons, and the following are the conclusions at which he arrived: 1. That a solution of gun cotton, when dry, corrugates the skin too much to be available for the purposes required. 2. That gutta percha alone is devoid of elasticity and sufficient adhesive quality, whilst the solution of caoutchouc wants body and is too sticky; but that, 3. The compound solution of caoutchouc and gutta percha possesses the requisite qualities to fulfil the purpose required. It is prepared by adding a drachm of gutta percha to an ounce of benzole, (the volatile principle of coal naphtha,) and ten grains of India rubber to the same quantity of benzole, each being dissolved at a gentle heat, and then mixed in equal proportions. The author has employed this compound in painting the surface surrounding a chancre with the solution, and found that the acrid secretion had no effect upon it when dried, and warm or cold water may be applied with impunity. He considers that it may be employed advantageously in many and various ways, as in protecting the hands during post-mortem examinations, in preserving the cheek from excoriation in gonorrhœal ophthalmia, and in covering the parts contiguous to a

sore where water-dressing is the application, &c. A letter from Mr. Quackett to the author states the results of that gentleman's examination of these several solutions under the microscope. A dried film of the compound is described by him to be perfectly elastic and free from perforations, though in many parts less than the one five hundredth of an inch in thickness.—*London Lancet*.

ÆTHEREAL SOLUTION OF PREPARED COTTON IN BURNS. *J. Crawford, M. D. Lecturer on Clinical Medicine, McGill College, Montreal, C. E.*

I observed in the last number of your Journal, a short notice (taken from the *Boston Journal*) of a new remedy, as a surgical application to wounds, namely, an "æthereal solution of prepared cotton." I have lately had an opportunity of trying this remedy in the case of a severe burn, and had the pleasure of witnessing a most satisfactory result. I have to thank Dr. Payne, Dentist, of this city, not only for the suggestion, but also for having afforded me the means of trying it on the occasion. My patient, a young gentleman residing at the same house with Dr. P., had, a few moments previously, received a severe burn of the face and hands, from the accidental inflaming of camphine; after placing his hands in iced water, I was preparing cotton wadding as the most convenient application for the face, when Dr. Payne mentioned to me that he had lately received, from the United States, a new remedy, which he had tried to an abrasion on his hand that day, with immediate relief. The wound so treated, appeared covered by a thin glazing or varnish, which perfectly excluded the atmospheric air—the principal desideratum in these cases. I at once adopted the suggestion, perceiving that it appeared to promise a very light and convenient covering, while the æther during its evaporation would likely afford a cooling application.

The solution was accordingly brushed lightly over the face, and a glazing was soon observed, and the painful sensation almost instantly subsided.

The want of a sufficient quantity of the fluid to cover the hands in like manner, prevented me treating them in the same way. It will be sufficient for my present object to state, that nothing could be more satisfactory than the result of the application, and I know of none at all to be compared with it for convenience, as well as efficacy, in superficial burns of the face.—*Wood's Retrospect*.

ERGOT OF RYE IN RETENTION OF URINE.—Dr. Allier, of Marcigny, in a paper read before the Academie de Medicine, on the use of the ergot of rye in the treatment of the divers kinds of retention of urine, laid down the following conclusions:

1. The ergot restores to the bladder its contractility, impaired by immoderate distension of its coats.
2. It has acted in this manner, when all other means have failed.
3. Paralysis of the bladder, resulting from cerebral hæmorrhage, has frequently given way on the use of the ergot.
4. The ergot has had no effect on the paralysis of the limbs, resulting from apoplexy.
5. The secale is just as efficacious in vesical paralysis, when the lesion of the nervous centres is not clearly established.
6. Paralysis of limbs, depending on such lesions, has not been benefited by the ergot.
7. This substance shortens the duration of vesical paralysis, which, by the use of the catheter, is generally removed in a period of time which may vary considerably.
8. It has no effect in retention of urine, resulting from enlargement of the prostate gland.
9. It acts, in such cases, by increasing the contractile power of the bladder, without causing the prostate to diminish in size.
10. Once in fourteen times the ergot has had no effect whatever: this occurrence happens in pretty much the same proportion with the more approved remedies.
11. As the effects of the ergot are rather evanescent, it should be given in small and oft-repeated doses.
12. The dose may be raised to seventy-five grains a day.
13. It is useful to give it afterwards in decreasing doses, for eight or ten days after the cure, to render the latter more certain.
14. The phenomena produced by the stimulating action of ergot upon the nervous system, although generally not of an alarming description, are sometimes, however, so intense, as to render it prudent to suspend its use for a few days.—*London Lancet*.

PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS OF DIGITALINE. *M. Raycr.*

As to the physiological effects of digitaline, it may be said that doses of one-forty-eighth, one-twenty-fourth, and one-sixteenth, of a grain, are not disagreeable to take, and produce no disgust or repugnance afterwards. The lowering effects on the pulse have been noticed in all patients, without exception; it was retarded from twelve to forty-eight pulsations, or, in other words, the mean amount of diminution was between one-third and one-fourth; the

maximum one-half, and the minimum one-eighth. Two or several hours must elapse before these results can be noticed. The pulse, if the whole length of treatment be kept in view, reaches the maximum of retardation only after a week or two. This maximum is then, strictly speaking, an absolute one, and the maximum which is observed daily, five or six hours after the ingestion of the drug, is a relative one. The peculiarities of the pulse when thus lowered, are extremely variable—in most cases it is small; but it acquires, nevertheless, a certain amount of resistance and hardness, rarely recovering its normal fulness. It sometimes causes irregularity, and destroys it when pre-existing; in therapeutical doses it improves the qualities of the pulse, instead of injuring them, it diminishes its frequency, and regulates its action. The urine is increased in quantity, about one-half, sometimes much more. Its physiological effects can be thus summed up:

1st. Digitaline, in doses of one-twenty-fourth to one-sixteenth of a grain, renders the circulation slower, and increases the secretion of urine.

2d. Doses of one-twelfth to one-eighth of a grain may seriously disturb the nervous centres, and the digestive organs.

3d. Beyond one-eighth of a grain intolerance always sets in, and death might ensue if this limit were overstepped, or if the attempt were pursued too long.—*London Lancet.*

AN EFFECT OF OPIUM, UPON WHICH SUFFICIENT STRESS HAS NOT HITHERTO BEEN LAID.—Opium increases the circulation of the skin, and diminishes that of the mucous membranes. A person who has taken a full dose of opium at night, will, amongst its other effects, feel himself the warmer for at least twenty-four hours afterwards. I am acquainted with a gentleman who has met with considerable success in his practice on indolent old ulcers, and one part of his treatment consists in his giving his patient a grain of opium thrice daily; this is done upon the principle of stimulating the capillary circulation of the part. In that form of deafness which is attended with tinnitus, and appears to consist in a congested state of the mucous membrane of the Eustachian tube and tympanum, I have often successfully prescribed opium with a view of increasing the cutaneous circulation, and diminishing that of the mucous membranes.

An old lady suffered from a severe attack of influenza, the poison of which seemed principally to operate upon the Schneiderian and the bronchial mucous membranes. For four years afterwards she constantly suffered from an obstruction in both nostrils, attended with so profuse a secretion of thin mucous fluid, as to oblige her to use four or five handkerchiefs in the course of a day, and the

least exposure of the lungs or surface to a cold atmosphere, brought on an asthmatic attack, which was accompanied with a copious frothy expectoration. Though she could smell nothing which was presented to her nostrils, she was troubled with an offensive putrid odor, which she imagined was always present, whilst the sense of taste had become so obtuse, that she could neither distinguish tea from water, nor salt from soda. I had been acquainted with her for a long time, and had frequently prescribed various remedies without success, as a great many other practitioners also had done. The mucous membrane of both nostrils was swelled, redder than natural, and so acutely sensitive, that she could not bear the slightest touch with my probe. These symptoms and appearances might have induced me to the opinion of the case being one of malignant polypus; but though the disease had existed so long without any amendment, it had, on the other hand, made no advance; and besides this circumstance, the history of the case, and the co-existence of the thoracic affection, were not in favor of this supposition. One morning, whilst sitting near her, and witnessing the constant annoyance from which she was suffering, I remembered that, whilst I was attending to her for an acute disease, by which she was confined to her bed, she mentioned that her head and chest symptoms had suddenly become much better, for she had barely wet a single handkerchief, and fancied she had perceived the savoury odor of a stew, which was being prepared in the kitchen. I paid no attention to this circumstance at the time, especially as, a few days later, I noticed that she again seemed as bad as ever. But now, and it was at least a twelvemonth afterwards, a bright thought struck me; I remembered that, at the time she spoke of this amendment, she was taking opium in considerable quantities, for a spasmodic pain in the bowels. My opinions on the effects of opium, which I have above detailed, were already formed, and I determined upon having recourse to it in this instance. I laughingly told her that a brilliant idea had come into my head, and that I now knew what would give her relief. The good old soul shook her head doubtingly, and said that she would give me fifty pounds if it did. (She never paid me, if she meant it.) Desirous of concealing the nature of the remedy, I prescribed the *Pilula Styracis Composita*, in five grain doses, every night at bed-time. Some improvement was apparent in the course of a few days, and it became continually progressive. In two months she ceased to wet more than a single handkerchief daily, and had even some return of the sense of smell and taste, whilst she had now become comparatively indifferent to a low atmospheric temperature; for although during the whole of the previous winters she had been obliged to confine herself to one room, or to move through the passages with a shawl, or a respirator, before her mouth, during the next cold season she wandered about the house, without finding any precaution necessary. She always had

expressed herself with extreme confidence of the benefit she had received, and, as a proof of her faith, I may mention the great glee with which, during her last illness, she received the intelligence that I allowed her to have one of her old pills; those pills, she believed, would cure every malady. She died of another complaint, seven months after the commencement of this treatment, but I believe that the improvement in her head and chest symptoms had been progressive to the last.

Opium-eaters generally complain of feeling cold and shrunk up, when they are deprived of their habitual stimulus. These effects of opium on the mucous membrane are well illustrated in the following passage, which is taken from the "Confessions of an English Opium-Eater:—"

"I must mention one symptom which never failed to accompany any attempt to renounce opium,—viz: violent sternutation. This now becomes exceedingly troublesome, sometimes lasting for two hours at a time, and recurring at least two or three times a day. It is remarkable, also, that during the whole period of years through which I had taken opium, I had never once caught cold, not even the slightest cough, but now a violent cold attacked me, and a cough soon after."—*Prov. Med. and Surg. Journ.*, Nov. 15, 1848.

CAMPBOR AND CHLOROFORM MIXTURE.—Messrs. T. & H. Smith, chemists of Edinburgh, gives a formula for exhibiting camphor, in doses of almost any amount of strength—certainly as large as any case can require—and that in a state of perfect solution: thereby allowing of a nice adaptation of the dose to the circumstances of each case.

The formula is as follows:—Three drachms of solid camphor are dissolved in one fluid drachm of chloroform. This is, perhaps, one of the most remarkable cases of solution the whole range of chemistry presents to us. The solution is most *rapid and complete*, and the bulk of the liquid is now increased from one to fully four fluid drachms. This solution, rubbed up with the *yolk* of one fresh egg, may be formed into an extremely elegant emulsion by the addition of water, without the slightest separation of the camphor or chloroform; in fact, no separation of any kind takes place. If to the proportions given above, as much water be added as to make a four-ounce mixture, each teaspoonful of the mixture, when formed, will contain about five and a half grains of camphor, and about two minims of chloroform. This mixture can be administered in any ordinary vehicle, such as water, without the occurrence of any separation.

Part 3.---Editorial.

MEDICAL REFORM.

WE have been laboring for years, with a host of good men and true, to change the philosophy and ameliorate the practice of medical science. A conscientious man, who studies nature for himself, and observes the operation of remedies with a scrutinizing eye, cannot, with any satisfaction, confine himself within the pale of the Old school system. In the language of Prof. Kirtland, of the Cleveland Medical College, "If he be a man of principle he will most likely retire in disgust from the profession, and ever after remain the most confirmed of medical skeptics."

We would not be understood in quoting this language to imply that those who continue in the Old school practice are not men of principle. Such a charge would be illiberal and untrue. But we do mean to affirm, that those who honestly and firmly adhere to the Old school system, as a general rule, have never fully investigated the subject, and are not really acquainted with the merits of the systems of medical reform which they overlook or condemn.

The object of the various systems of medical reform, now current in America and Europe, is evidently benevolent. They all recognize the deplorable waste of life and health which takes place under the old school system of practice. They all agree that these deplorable consequences have been produced by the improper use of the *materia medica*, by the administration of harsh poisons, or pathogenetic articles, in place of congenial, safe, and restorative medicines—by the abstraction of that indispensable part of our bodies, the blood, and by a debilitating, sedative, prostrating method of treatment, which, instead of sustaining the vital powers, rapidly exhausts and destroys them.

With remarkable unanimity have these conclusions been reached by thousands of the medical profession in Europe and America, including many of the most acute and learned men, as well as many of the very best practitioners of the present day. But it is much easier to criticise and pull down, than to discover and build up.

However unanimous medical reformers may be in regard to their condemnation of "OLD MEDICINE," it must be confessed their ideas of "YOUNG PHYSIC" are as yet materially different. Each party has been busy in erecting its own temples for its separate worship, and thus, like Protestant christendom, after abandoning the old Hierarchy of Rome, they have formed separate sects which are not yet united. But it is our own opinion, and doubtless that of many others, that all parties of medical reformers will ultimately coalesce, and they will discover that the separate temples which they have been building, are in reality but parts of the same great temple of *Æsculapius*.

How or when this union will occur cannot be precisely stated, but we think that as in accordance with the benevolent spirit of the age, men of opposing parties are brought into familiar personal intercourse, and peruse each other's writings, they will learn to entertain mutual respect, and all the discoveries or knowledge which may be imparted by any one, will gradually become a portion of the common stock.

Moreover, in our common Exodus, from the old Egypt of mercurial practice, however different the modes by which we make our escape, or continue our journey, they all converge and terminate in that Palestine of medicine—a system of practice which preserves the vital energies, which neither debilitates nor poisons, which aims at prevention rather than cure, and which never in curing one disease leaves another in its place, nor leaves a constitution impaired by the heroic agencies employed.

How near have we arrived to this goal? In our opinion we have already entered upon the borders of the promised land. We have still a long march before us, but we have left the enemy behind. The beginning and the end of our journey are now plainly in view. The point from which we took our departure, was the use of the *materia medica* in a pathogenetic or disease-creating manner. The point to which we are journeying is the use of medicine wholly in the physiological or sanative manner.

In making this progress we have been condemned as illiberal and ultra by old school opponents, because we have entirely rejected from the *materia medica* those articles, which we have found unnecessary and injurious. But do we thus diminish our resources? Is there a single object accomplished by mercury, antimony, arsenic

or bleeding, which we cannot accomplish with greater safety and certainty without such means?

There is not a more delicate or difficult question in medical reform than this, of the rejection of poisonous or deleterious and unsafe remedies. Upon this subject there has been so much discussion, and so much misunderstanding of the different shades of opinion, that it is well at this time to define more fully and distinctly our views of true medical reform. We believe that the slight differences of sentiment which have been occasionally noticed among our friends are more apparent than real, and that a full understanding will show a most decided unanimity among the greater portion of the scientific medical reformers of the United States, who are not of the European or Homœopathic school.

1. We believe that a perfect system of medical science is that which never allows disease to exist at all—which prevents disease, instead of curing it, by means of a perfect Hygienic system, by proper modes of life and choice of diet.

2. We believe that the next best system is that which admits a disease to arise, but promptly meets its development by the use of such agencies as are perfectly in harmony with the laws of health, and physiological in their action, such for example as water, air, heat and cold, (in judicious application,) baths and frictions, magnetic manipulations, mechanical remedies, food and drink, condiments, ptizans, and other articles which are not usually regarded as either medicines or poisons.

3. We believe that the next best system is that which goes beyond the *materia alimentaria* and uses also the *materia medica*, but uses only those articles which most nearly approximate the character of food—such as stimulants, tonics, nervines, laxatives, demulcents, diaphoretics, anodynes, aromatics, acids, alkalies, salines, saccharines, antiseptics, rubefacients, stomachics, diuretics, emetics, hæmostatics, expectorants, sorbefacients, alteratives, cholegogues, emmenagogues, fomentations, embrocations, antiperiodics, but aims in all these measures to select those articles for use, which experience has proved to be most congenial to the human constitution, and least liable to the production of any injury.

4. We believe that the next system of practice, in point of merit, is that which not only sheds the blood of the patient, but employs all substances indiscriminately, no matter how dangerous their prop-

erties or tendencies, and thus frequently either destroys life or permanently poisons the constitution, no matter how judicious the practitioner.

5. We believe that the next system, in point of merit, is that of the soldier, who sheds blood *ad libitum*, and the assassin who uses poisons alone, in doses rather larger than are used by the physician.

With this view of the ascending and descending scale of merit, it will be perceived, that our aim is to depart as far as practicable from the debilitating or pathogenetic practice, and to approach as near as possible to the hygienic or sanative practice.

The true hygienic practice, however, is rather for the patient than for the physician, who has but little to do in carrying it out. This system would tend to abolish the medical profession. This is in advance of the age, and will be practised by but few. The second best system, which relies largely upon the water cure, animal magnetism, mechanical means, electricity, diet and regimen, is more generally practicable, and is at present practised by many, but in a large number of cases it is not as yet sufficient. The third system is the main reliance of the most enlightened at the present time. The fourth has been the world's reliance heretofore, and is still the reliance of the majority, who believe that mercury and the lancet are necessary.

In rising from the fourth to the third system—i. e., from Old school practice to medical Reform, the question naturally arises, whether it is safe to abandon our old reliances; whether disease can be successfully treated, without the use of disease-creating agents? We think it can. We do not believe that we can as yet dispense with medicines—the world is not as yet sufficiently wise, and the resources of science are not sufficiently extensive to dispense with articles which are strictly medicines, and which are foreign to the usual wants of the system. But we are undoubtedly able to dispense with deleterious agencies, and if there are any who still think that remedies of an intensely poisonous character are appropriate in practice, every year's progress of science develops additional resources, and removes the necessity for retaining such remedies.

Our doctrine upon this subject is, that whenever any medicine manifests a tendency to act as a poison, in its ordinary administration, we should look upon it with a jealousy, proportioned to the

probability that it would so act, and should cast about in the vast magazine of nature, to find some other article or articles capable of fulfilling our objects in a more satisfactory manner. We may have friends who think on the one hand that we go too far in excluding unsafe remedies, and others who do not think that we go far enough, but if our principle is right, its application must be left to individual experience and judgment. To those who think we go too far, we say that we go no farther than *experience* has sanctioned our steps, and therefore we know that we are not too ultra in reform. To those who think that we are too slow in abandoning any of the known remedies, we reply that we are willing to abandon any article which produces in our hands any evil results the moment we find an adequate substitute.

As to the use of opium, we can say that our experience, in its judicious use, shows that although it is liable to abuse, its value is too great to justify its exclusion from the *materia medica*, when it is so easy to obviate the objections to its use, by denarcotized preparations, in which the beneficial properties of the drug alone are conspicuous.

There are several other articles, such as *digitalis*, *stramonium*, *hyosciamus*, &c., which are objected to by the more ultra reformers, in reference to which we have not taken so decided a stand. We are aware that their importance in the *materia medica* is not very great, and consequently in the Eclectic practice they are but seldom used. Whether they are necessary, in any case, we are not prepared positively to decide, but we are clearly of the opinion, that if all this doubtful class of agents could be expunged from the *materia medica*, and their places fully supplied by others more congenial to life, the reform would be most truly beneficial.

In this matter our practice keeps pace with our knowledge, and we aim to reform medical science, not by destruction, but by substitution. We have no attachment to any remedy which experience shows unsafe, but on the contrary, we rejoice in the success of every attempt to substitute sanative for pathogenetic medicines, and believe that a number of the articles which are still occasionally used, will, in time, become obsolete, as medical science progresses towards the true sanative system.

As to the doctrine that all poisons should be rejected from the *materia medica*, we reply that, according to our understanding of

terms, that would involve the rejection of nearly the whole *materia medica*, as there is scarcely a medicine which will not act as a virulent poison, if administered in a sufficient dose. But if by the term poison, is meant only those articles which are sure to develope, occasionally, poisonous action, even if used by judicious practitioners, then we say, that in that sense, poisons should be excluded from our list of medicines.

Our position upon this subject has often been misrepresented, because we do not enter into a fierce crusade against certain measures of doubtful utility, in reference to which, reformers may reasonably be divided in sentiment. We hold that our opposition to any course of medical treatment, should be proportional to the mischief that it produces, entirely irrespective of medical theories. As the use of mercury, and the use of the lancet, are gigantic evils, we war against them with energy and zeal, but to expend the same energy in opposition to any of the minor evils or practices, merely of doubtful propriety, would be as absurd as the conduct of a fanatic, who considers the ceremonies of his church more important than the essentials of a christian life.

According to our view, medical Reform, is necessarily progressive, and we should endeavor to preserve the just medium between those who hold on to the old abuses of the profession, and those who, in their over-hasty zeal, proscribe the whole *materia medica*, to use water alone, or reject important medicines, upon frivolous pretexts, without providing any adequate substitutes. The one class errs from apathy to human improvement; the other, from over-hasty zeal, overpowering their better judgment. Of the two, we prefer the headstrong and rash reformer, to the cold and immovable conservative; and whatever may be the errors of reform, at present, we are satisfied that reformers will ultimately meet in their progress, upon a common platform.

B.

DR. BEACH AND DR. STEVENS.

THE following is the principal portion of a letter, purporting to be addressed by Dr. Stevens, of New York, to the Speaker of the House of Representatives, of Ohio, and published at Columbus:

“As I have never, to my knowledge, seen Dr. Beach, or had any intercourse with him, written or verbal, I am quite at a loss for his

having selected me as the hero of his fable, for such the tale is from beginning to end. He never, so far as I know, had charge of any ward during the cholera; the physicians of which were appointed verbally by myself. If in any way a successful mode of treating the cholera had come to my knowledge, no matter from what quarter, I should have made it known, and spread it to the extent of my power. But I repeat, the whole story is a chain of falsehood.

I would respectfully ask of you, and of the House of Representatives, to make this denial as public as the memorial to which it refers.

I am, sir, respectfully,

Your obedient servant,

ALEX. H. STEVENS,
President of the Special Medical Council,
[Sometimes called the Board of Health,]
in the year 1832.

New York, 27th February, 1849."

The publication of the foregoing letter, in a daily paper of this city, called forth the following communication, in reply:

MR. EDITOR: A letter purporting to come from Dr. Stevens, of New York, was published in your paper some days since. In this letter (if it be a genuine document) Dr. Stevens attempts to discredit the well-known and authentic facts in reference to the successful treatment of cholera, by Dr. Beach, in New York, more than sixteen years ago. It is possible that Dr. Stevens may have forgotten the circumstances which then occurred, but his defective memory cannot obliterate a well known and widely published historical fact.

As Dr. Beach is at this time in Europe, it is but an act of justice to an absent gentleman, to request the republication of the following documents which were matters of public notoriety at the time, and have since been widely diffused in Dr. Beach's American Practice of Medicine. They have never been contradicted or doubted to my knowledge, by any individual, until the present instance, and even the letter of Dr. Stevens is so worded as to give him the opportunity of evading a direct issue of veracity, when the facts are established.

Several of the physicians who co-operated with Dr. Beach in his treatment, are still living, and I could refer to a distinguished physician of this city, who has often conversed with them upon the subject, and heard their personal narratives of the facts. The letter of Dr. Stevens was brought out for a special purpose, to obstruct the passage of the new Hospital bill, in the legislature of Ohio.

"During the last season (a period of three months,) under the appointment of the New York Board of Health, we prescribed for

about one thousand cases of cholera either in the premonitory or confirmed stages."

His appointment is published in full on the same page as follows:

By virtue of the power and authority in me vested, as Alderman and Warden of Health of the Tenth Ward, I do hereby nominate, constitute, and appoint, Wooster Beach, M. D., to visit and take charge of, and to give such medical advice and assistance, as may be required, to all poor persons, inhabitants of the ward, who may be affected with the prevailing epidemic; and also to call to his aid such assistance from the medical faculty, as he may require and deem necessary and expedient.

JOHN PALMER,

Alderman Tenth Ward.

July 17th, 1832.

After receiving the above appointment, the corporation immediately issued and posted up in every ward the following bill:

TENTH WARD MEDICAL STATION.—All persons affected with looseness, pain in the bowels, or cramp, are requested to apply immediately to Dr. W. Beach, No. 95, Eldridge street, where they will receive **ADVICE AND MEDICINE**, free of charge.

By order of the Board of Health.

THOMAS T. WOODRUFF,
HENRY P. ROBERTSON,
WILLIAM MANDEVILLE. } *Ex. Com.*

New York, July 18, 1832.

Volume second contains an appendix of forty-eight pages "on the Indian or spasmodic cholera, as it occurred, and was treated, in the city of New York, in the summer of 1832, at the Tenth Ward Medical Station, under the appointment and sanction of the Board of Health and corporation." On page 33 we find the following correspondence:

CIRCULAR.

TO DR. W. BEACH, TENTH WARD MEDICAL STATION.

New York, 10th August, 1832.

SIR—I beg to ask you what treatment you have found most successful, in the premonitory stage of Cholera, say diarrhœa, or uneasiness or pain in the bowels; and whether such treatment has been uniformly successful, and if not, by what circumstances it has been rendered ineffectual? Be pleased, also, to state what number you have prescribed for, and whether you have seen any case of cholera not preceded by diarrhœa.

In behalf of the Special Medical Council,

ALEX. H. STEVENS, M. D., *President.*

ANSWER.

New York, August 15th, 1832.

Tenth Ward Medical Station.

TO ALEXANDER H. STEVENS, M. D., PRESIDENT OF THE S. M. C.

SIR—I have received a note from the S. M. C. requesting me to answer some interrogations respecting the cholera.

First, "What treatment have you found most successful in the premonitory stage of cholera, say diarrhœa, pain or uneasiness in the bowels, and whether such treatment has been uniformly successful?"

In answer to this question I have to state, that the treatment pursued at this station has been attended invariably, with success.

The following recipe constitutes almost our only remedy for *nausea, vomiting, pain in the bowels, with flatulence, and diarrhœa.*

Take of Rhubarb, (*Rhei.*)

Sal Æratus, (*Bi-Carbonas Potassæ, pul.*)

Peppermint plant, (*Mentha Prep. pul.*)

2 Scruples of each—*Mix.*

Add half a pint of boiling water, sweeten with loaf sugar, then add a tablespoonful of best brandy; of this, give to an adult, a tablespoonful every hour, until it acts as a laxative, or moderately upon the bowels. In the intervals, diluent drinks, such as infusions of *catnip* and *spearmint*, are directed to be taken.

This preparation is sufficient to remove the diarrhœa. Where there is considerable pain, we have found the addition of aromatics attended with additional benefit; to the same composition is added, of cinnamon and cloves, *pul. a. a. (Equal parts; one scruple.)*

We have found the administration of *diaphoretic* medicine very much to aid in the removal of the disease; bathing the feet, with the use of the drinks above mentioned, are, in general, sufficient to cause perspiration.

In neglected and protracted cases of diarrhœa, when the patient has complained of great pain, restlessness, *want of sleep*, &c., ten grains of diaphoretic powders have been directed to be given at bed time.

The following tincture to be applied over the region of the abdomen.

Take of Capsicum, two tablepoonfuls.

Brandy, one pint; simmer a few moments and apply warm, with flannel, and repeat often.

Second interrogation.—"What number have you prescribed for?"

In reply to which I have to state, that the aggregate number has been, up to the present time, since the epidemic, (a period of forty odd days,) *seven hundred and eighty.**

* This answer was given before the epidemic had subsided.

Third interrogation.—“Have you seen any case of cholera not preceded by diarrhœa?”

In reply to which, I have to inform, that in a majority of the cases of cholera, and very generally, an attack of the disease has been preceded by diarrhœa, but not invariably so. We have fully and clearly ascertained that some cases have no such premonitory symptoms, but these have been of a very *malignant* and *fatal* character, and confined principally to the *aged* and *intemperate*.

In concluding this communication, a sense of duty compels me to state, that much of the success attending our practice must be imputed to the promptness, persevering industry, and indefatigable exertions of our worthy Alderman, Mr. John Palmer, and Mr. John Minuse, the deputy Warden, in visiting from house to house, to obtain the earliest information of every individual laboring under the premonitory symptoms of cholera, and immediately reporting the same to this station, which has often enabled us to arrest the disease in its incipient or forming stage; a measure which cannot be too strongly recommended to our municipal authorities. A sense of duty also constrains me to render a tribute of respect to the medical gentlemen, or assistants, associated with me, for their untiring zeal and laborious exertions, by day and by night, in discharging their duties to the sick.* In conclusion it may not be irrelevant or unsatisfactory, to add, that the health of the physicians who have attended at our station has not been impaired, notwithstanding their assiduous attention (and often times in the capacity of nurses) to the most distressed and malignant cases, lying in filthy, unventilated, and loathsome apartments and situations. All which is respectfully submitted.

W. BEACH, M. D.,
Physician of the 10th Ward Medical Station.

The same methods of practice here detailed, by Dr. Beach, have proved equally successful in the hands of other Eclectic practition-

* A tribute of respect is due to those physicians, who were associated with me, during the epidemic, for the hazard they incurred; their zeal, industry, and untiring exertions, by day and by night, in visiting, attending, and often nursing patients, laboring under the disease. While many elderly physicians of the old school fled in dismay from the pestilence, abandoning their former patrons, or patients, these physicians, most of whom were young, remained at their posts, and most faithfully and honorably discharged their duty. A discerning public, it is hoped, will render them that praise, and credit, to which they are entitled. And I have deemed it proper to record the names of those who attended at the Tenth Ward Medical Station, during the epidemic.

Doctors: J. B. DAY, from New Jersey.
CHEVERS, city of New York.
D. CARPENTER, city of New York.
MARTIN LEWIS, State of Maine.
OATMAN, Vermont.
WARREN ALFORD, North Carolina.
H. D. SHEPPARD, West New Jersey.
BELCHER, city of N. Y., of the Old School.

ers since that period. Dr. Hawthorn, of Liverpool, England, was about equally successful by a method similar in its prominent features to that of Dr. Beach. There is, really, but little danger in cholera, when treated according to the plan of Dr. Beach, or that of Dr. Hawthorn, and yet, not one half of the cholera patients in England, at the present time, recover—two-thirds of them actually die! Is there no need of Reform? SPECTATOR.

REMARKS.

The above documents show the utter untruth of the statements of Dr. Stevens in this famous letter which is relied on by the old medical hunkers, to assail the reputation of Dr. Beach, in particular, and to discredit the statements of reformers, in general. Thousands of copies of this document, have been published, and republished, at the instigation of these men, doubtless for the purposes aforesaid. Inasmuch as so much consequence has been given to this letter, I deem it my duty, briefly to submit a few remarks on the subject. I am further impelled to do so, by a sense of justice to an absent friend, whose well earned reputation for truth, has never before, to my knowledge, been made the subject of attack. I would remark, in the first place, that I spent the winters of 1829-'30, and 1830-'31, in the city of New York, during which I attended the lectures of the Reformed school, founded by Dr. Beach, and also the clinical lectures, delivered at the New York Hospital, by Drs. Mott, Stevens, Rogers, Cheeseman, Smith, and others, and witnessed many of the operations performed by these gentlemen, especially during the last named winter. I was, also, intimately acquainted with Drs. Day, Chevers, Carpenter, Oatman, and Sheppard, who were associated with Dr. Beach, in his official labors, as physician to the Tenth Ward Medical Station, in the treatment of Cholera, in 1832. I have seen, and frequently conversed with, at least, two or three gentlemen, viz: Drs. Day and Sheppard, since that time, in reference to this matter, and they both, unhesitatingly, confirmed the truth of the whole statements, as above set forth; and I confess, when I first saw the letter, purporting to come from Dr. A. Stevens, of New York, I unhesitatingly pronounced it a forgery, and have since seen nothing to change that opinion. But let this matter be as it may, it is altogether too important a matter to be passed over lightly. I will, therefore, briefly analyze its contents. What are the facts, in regard to the very first assertion it makes? viz: that he had never, to his knowledge, seen Dr. Beach,

or had any intercourse with him, either written or verbal. If I have been correctly informed, Dr. Beach attended the lectures of Prof. A. H. Stevens, in the University of New York, and it is presumed the Professor must have seen him very frequently. But, perhaps, the Professor is of the same genera and species as several medical gentlemen of high standing pretensions, I could mention, in this city, who are so unfortunately constituted, as to be unable to know or remember any thing good or meritorious in the character of any medical reformer, but who, nevertheless, can point out, with remarkable accuracy, his faults and defects, and if he should happen to be destitute of any, can readily manufacture such as may suit their purposes for the time being. As to the denial of ever having had any intercourse with Dr. Beach, written or verbal, the official record proves this statement to be positively false. We suppose, however, that the Professor will endeavor to escape the odium of having promulgated a falsehood, by declaring that this transaction had escaped his memory; for he takes especial care to qualify his statement, by saying, "I have never, to my knowledge," &c., thus leaving a loop hole, to creep out, in case he was charged with falsehood, &c., and likely to be convicted of it. The next statement, worthy of any notice whatever, is, "He (Dr. Beach) never, so far as I know, had charge of any ward during the cholera." Does any man, woman, or child, believe there is one word of truth in this statement, when it is recollected that A. H. Stevens was the president of the Special Medical Council, to whom official reports would be made by the physicians who had charge of the different medical stations?—when the official notice of the appointment of Dr. W. Beach, as physician to the Tenth Ward Medical Station, was extensively published, and posted up, by order of the Board of Health, "in every part of said ward"?—when the newspapers of the city (at least several of them) noticed the appointment and success of Dr. Beach, in a flattering manner? Can it, for a moment, be credited, that the president of the Special Medical Council should have lost all traces of recollection of these facts, so notorious at the time of their occurrence, and which have been published in Dr. Beach's American practice, for fifteen years at least, and circulated throughout every portion of this country, as well as in Europe, as a part of the medical history of the times? It is further said, in addition to this extraordinary statement, "the

physicians of which (viz. the different wards or medical stations) were appointed verbally by myself." This statement is made in full view of the fact, that the appointment was made by the Aldermen of the several wards, as the records show. Moreover, it is extremely improbable that the city authorities, whatever confidence they might repose in Prof. A. H. Stevens, would be willing to entrust him with a duty so responsible, and delicate, as that of appointing the physicians to the several wards, or medical stations. Indeed, this part of the letter has afforded to my mind, the strongest presumptive evidence, that the whole is a sheer fabrication and forgery, and that Prof. Stevens never saw, nor authorized, the publication addressed to the Speaker of the House of Representatives of Ohio, which bears his name. But we shall shortly be able to learn definitely, whether or no he acknowledges the paternity of that production, as measures have already been taken, which cannot fail to bring him out on that subject. Should he, contrary to the opinion of many of those who have heretofore entertained the most profound respect for his talents and character, avow the authorship of said letter, it will afford a melancholy evidence of the hopeless degeneracy of the spirit of *medical hunkerism*, in its vain and foolish efforts to cripple the indomitable energies, and the ever-living and progressive powers of young physic, which have hitherto been found altogether sufficient to meet any and every issue which may have been made by the votaries of illiberal conservatism in medicine. It would seem singularly strange, if Professor Stevens did actually exercise the responsible function of appointing the physicians to the different wards, as he alleges in the letter before us, that in speaking of the appointment of Dr. Beach, he should be under the necessity of qualifying his assertion, in the following manner: "*He (Dr. Beach) never, so far as I know, had charge of any ward during the cholera.*" This, taken in connection with what immediately follows, involves an absolute contradiction, which is thus made out. If Dr. Stevens' assertion, that he made the appointments of the physicians of the various wards, be true, he would certainly know, most positively, whether or no, Dr. Beach ever exercised the functions of physician to the Tenth Ward Medical Station, and would have so stated, in positive terms; for if the facts be, as shown by the records, that Alderman Palmer did appoint and constitute W. Beach, M. D., as physician to the Tenth

Ward, then he, the said Alderman, was guilty of a high-handed usurpation of power, in daring to make appointments, the right to do which rested solely in the "president of the Special Medical Council," according to the famous document addressed to the Speaker of the House of Representatives of Ohio. This feature of the letter, in my opinion, affords strong evidence of its spurious character. Another very questionable feature in this document, calculated to give it a suspicious complexion, was the fact that the copies first issued from the Columbus press, were signed by *A. H. Stephens*, instead of *A. H. Stevens*. Many of the copies, published by the *medical hunkers* of this city, since that time, had appended to them the proper name of the president of the Special Medical Council in New York, in 1832. When additional facts are developed, in reference to this matter, they will be laid before our readers. If I do not greatly mistake, this attempt on the part of the enemies of liberal principles, to impose on the legislature of Ohio, will have an interesting sequel. *Nous verrons*.

T. V. M.

☞ THE NATIONAL CONVENTION of the friends of Eclectic Medical Reform, will assemble in this city, on the 15th of May, 1849, (being the third Tuesday of the month,) in the Hall of the Eclectic Medical Institute, at 2 o'clock, P. M. This is an important occasion, and we hope to see a large attendance. The vigorous and concerted action of the opponents of medical Reform, requires a corresponding union and co-operation among its friends. B.

SUMMER COURSE OF MEDICAL LECTURES.—A thorough course of medical lectures will be given at Rochester, this year, to which we would invite the attention of the friends of Eclectic Reform. The course will commence on Wednesday, August 1st, 1849, and continue twelve weeks; from five to seven lectures being given daily. Fees for the course, including matriculation, \$35. Professors L. E. Jones, and B. L. Hill, Dr. Z. Freeman, Dr. O. Davis, and Dr. W. W. Hadley, have been spoken as lecturers. Full information may be obtained by addressing Dr. W. W. Had-

ley, of Rochester. It is well known that attendance upon a good course of lectures is the best method of making rapid progress in the acquisition of knowledge. The proposed course, furnishes an excellent opportunity for acquiring medical knowledge, upon terms remarkably moderate, and at a season when no such opportunity exists elsewhere. B.

TRUSTEES OF THE INSTITUTE.—At a meeting of the stockholders of the Eclectic Medical Institute, of Cincinnati, O., on Monday, the 2d inst., an election was held, agreeably to the charter of said Institute, which resulted in the choice of the following gentlemen, as members of the Board of Trustees, to serve for the ensuing year, commencing with the day and date above mentioned. The amount of stock represented in this election was \$11,255.

NAMES OF THE NEW BOARD.

HON. JOSEPH HOWARD,	JAMES D. TAYLOR,
HENRY ROEDTER,	JAMES BINDLEY,
JOHN WAGGONER,	T. V. MORROW,
IZRAEL WILSON,	L. E. JONES,
J. L. CONKLING,	HENRY MILLER,
CALVIN FLETCHER,	I. J. AVERY.
THURSTON CRANE,	

A NEW MEDICAL COLLEGE has been incorporated in Indiana, under the title of Eclectic Medical Institute, of Indiana. Its charter is similar to that of the Eclectic Medical Institute of this city. The institution is not yet located, so far as we have been informed. Two years are allowed for this purpose, and it may be located any where in Indiana, north of the Wabash river. In reference to chartering new schools, we hold, in brief, that any school which will excel its predecessors in all the elements of medical utility, will prove beneficial to the profession and the public; but that any school, which does not excel its predecessors, is likely to enfeeble and injure the common cause. B.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. L]

MAY, 1849.

[No. 5]

Part 1.---Original Communications.

TREATMENT OF MORTIFICATION.

BY R. S. NEWTON, M. D.

GANGRENE, sphacelus, mortification, are terms that are used by some writers to designate the same disease; but their application, as taught by Prof. Cooper, appears to be the most distinct and comprehensive. *Gangrene*, denotes that condition of a part which immediately precedes its destruction; *sphacelus*, the complete death of the part; while the term, mortification, designates both stages of the disease. As every physician, at this day and age of the profession, is well acquainted with the cause, nature, and usual treatment of this disease, it will be unnecessary to make any reference to them in this communication.

That this disease has baffled, and still continues to baffle, the best skill, is obvious to all, and when we consider that it has received the attention of so many scientific physicians, all being anxious to throw some light upon the subject, which might lead to a safer and more certain treatment, we feel it a duty to contribute, what appears to us to be useful and interesting on this subject. Various causes may produce this condition, and as these causes differ in their nature, so, in many cases, will the appearances and symptomatic characters of the disease be found also to vary. This fact has suggested its division, and the treatment applicable to each variety; thus, in some cases, we find a high inflammatory action present, in others, exactly the reverse, which latter may be called *dry mortification*, and the treatment of which must very materially differ from that of the former.

I am of the opinion, that as far as a constitutional treatment is

indicated, it will be important to consider the nature of the complaint, and prescribe accordingly; but in reference to the local application, I think that one single remedy is sufficient to fulfill every indication, and that more dependence may be placed upon it, than upon any constitutional treatment, and there is no doubt but that the profession will willingly hail this discovery. My practice in this malady, has led me to step out of the old beaten track, and search for some agent that can be relied upon for its efficacy, its general application with safety in all cases, with but little modification, and one that will remove the necessity of so much attention to constitutional remedies, in many cases entirely.

This agent may also be used in the treatment of some varieties of erysipelas, which will be referred to hereafter. Sulphate of zinc is the article to which I wish to draw the attention of practitioners, as a remedy for mortification, and to show its beneficial results, by the description of a few cases treated by it. It may be argued, that the use of any remedy that will of itself produce active inflammation, could not be applied to a highly inflamed part, without producing fatal consequences, by increasing the disease beyond the reach of remedies. This will doubtless appear true to many, but experience has proved to the contrary, for it has been used in cases where the parts were in the highest state of inflammation, and although this was increased for a few hours by its action, yet, in no case, have I found it to produce any bad effect, or to so augment this condition, as to present any difficulty in the subsequent treatment. It will be remembered that all cases of mortification are attended with a very offensive fetor, which is one of the characteristic symptoms of this disease, and which is caused by a decomposition of the healthy structure of the parts attacked, and this very cause produces the continuance of the disease, the changing of which is the indication to be fulfilled in every variety of treatment that has been adopted.

No agent will act so immediately in producing this change as the sulphate of zinc; the most extensively mortified surface, with the offensive fetor arising from it, can be stopped in a few hours after its application, and after one or two applications, the parts become hardened, and the fetor entirely removed. It fulfills two indications in this respect, viz: arresting the decomposition going on in the parts, and correcting all unpleasant fetor which may exist; and it should be borne in mind, that as long as this fetor is present, the disease is not arrested. The following cases will be illustrative of the method of using it, in which I have found it useful.

CASE I.

Mr. F., aged 25, residing in Fulton, came to consult me in December, 1846, with an extensive mortification of the whole palatine arch and gums of the superior maxillary, succeeding a mercurial

action which had been produced and continued a long time, and which had resisted the usual treatment for its arrest. I was induced to try the sulphate of zinc, and mixed a small quantity of it in fine powder, with a sufficient quantity of flour and water to make a paste; this, I spread upon soft leather, and applied over the parts affected, retaining it there until the paste sufficiently adhered, by a sponge placed upon the tongue. I would here remark, that this was a well marked case. The fetor arising from the mouth, was such, that one could scarcely stay in the room with him.

On the succeeding day, I found the fetor much diminished, and the parts secreting but little, with a portion entirely hardened. I made a second application, in a similar manner, and on the next morning the unpleasant fetor was entirely removed, and the whole of the diseased parts covered with a dry, hard surface, and no vestige of secretion from any part of it. I considered this to have been carried far enough, and made no further application of the zinc, but recommended the mucilage of ulmus and warm water to be used freely in the mouth, which was pursued for three days, when the entire portion upon which the zinc had been used, sloughed off, leaving a healthy appearance of the parts. It may be well to state here, that the entire structure of the arch, with a large portion of the bone, came away, after which it was treated as a common ulcer, and healed in about ten days, since which time he has remained in good health.

CASE II.

Mrs. S. was under treatment for a cancerous condition of the breast. It had ulcerated, and was attended with all the unpleasant symptoms of such a condition. I made use of caustic applications for its removal, but found upon the second day, that the whole gland was in a state of mortification, and that the system was fast failing from its effects. I immediately applied the zinc, in the form of powder, covering the affected parts with it; in less than six hours a change of the fetid smell was very perceptible, but the inflammation continued without any abatement during twenty-four hours. On the next day I found that the remedy had dried, and hardened a portion of the diseased surface; I, therefore, again applied it, and covered the medicine with a poultice of elm bark, mixed with cold water; this dissolved the zinc in a few hours, and had the desired effect of changing and arresting any further extension of the mortification. In this case two applications were sufficient. It will be found, that in some cases, the zinc will produce a hardened surface, so as to prevent a sufficient quantity from acting throughout the diseased parts; this can be remedied by applying an elm poultice after the zinc is used, which will soften the surface enough to allow its full action, which is known, as before said, by absence of the fetor. All the dressing that is required, is the elm

poultice, both before and after the use of the zinc; if the first application increases the inflammation to any extent, apply the elm for ten or fifteen hours, after which, apply the zinc. The part will usually slough off in three or four days.

CASE III.

J. F., aged forty-eight, had an encephaloid tumor, situated on the leg, which required to be removed by an operation, previous to the application of medicine for its permanent cure. J. King, M. D., assisted me in removing the tumor, which had arrived at several inches in diameter. It was removed without any unnatural appearances attending the case. But on the second day, the whole incision, and for three inches around, became gangrenous, and accompanied with a high degree of inflammation. I immediately applied the zinc, and continued it for three days, when it became completely arrested, and in three days longer the diseased parts sloughed off, leaving a healthy condition of the remaining integuments, which were then treated without any further difficulty.

I have made use of this agent in forty-five cases, and in each it proved highly successful, so much so, that in only five cases was a slight constitutional treatment demanded. As these cases are all similar to those given, I deem it unnecessary to particularize any further.

In four cases of ulcerated erysipelatous inflammation, I have used the zinc with similar success, though in these instances, it required a smaller quantity of the article, a greater number of applications, and at greater intervals between the applications. At some future time, I may again refer to this article, and its effects in other forms of disease.

HOMŒOPATHY AND CHOLERA.

[THE following communication from an intelligent Homœopathic physician, which we publish with some slight omissions, protests vigorously against the idea that Homœopathic remedies should be regarded as nothing. Our correspondent should bear in mind that although we stated the Allopathic opinion that Homœopathic treatment was virtually nothing, we by no means endorsed that opinion, but merely used it as an Allopathic admission, in estimating the value of Old school practice in cholera. Our Homœopathic friends should not be too sensitive to a jest, nor need they ever apprehend any unfair or discourteous notice in the pages of this Journal. Homœopathy is an interesting portion of medical science, and is entitled to claim an investigation from all liberal physicians.—B.]

Messrs. Editors :

In your February number of the Eclectic Medical Journal, I find, in the editorial marked "B.," on cholera, the following remarks :

"Of the patients treated *Homœopathically* in Europe, the number of deaths on an average did not exceed nine to the hundred cases. *But the Allopathic opponents of Homœopathy are generally agreed that the Homœopathic treatment amounts to nothing at all, and therefore, the results of their treatment only show the natural mortality of this disease, uninterrupted by improper medical interference.*"

The results above stated are correct in the main, although many tables of cases show only five deaths in a hundred, and the highest only eleven and a half per cent. The average is nearer seven per cent. than nine of the cases treated in Europe.

I have italicised what I deem objectionable in your article, and also that part of your remarks in which you, to my mind, endorse the "*opinions*" of our Allopathic judges, as to what *Homœopathy* is as a medical system, viz., "*no treatment at all.*"

I object to this statement of the Allopaths, as one of their *unscrupulous flings*, uttered without a shadow of proof on which to rest the charge, and such a charge or "agreement" can never be sustained until Allopaths have treated a like number of cases of cholera, of the same grade of symptoms, on the "*no medicine principle*;" and if in that case it turns out that their deaths are only nine in one hundred, then they have a basis on which to bring a "judgment;" and until then, we shall treat all such statements as mere *slanders*, uttered against opponents they dare not look in the face. I beg leave also to object to "B.'s" using such groundless statements or opinions, from a set of men whose *very statement*, as "B." shows, convicts them of the absolute *murder* of some thirty-five to forty per cent. of all the patients treated by them in the cholera of 1831-2.

The statement of Allopaths above alluded to, is as *fatal* to their system of "heroic remedies" and "effective medication," as any other they could possibly make; for if their treatment is *three or four times more fatal* and worse than "*nothing*," i. e., Homœopathy, then are they the guiltiest race of criminals that ever went unwhipped of justice, for continuing to play their "fantastic tricks before high heaven," over the dying couch of the poor victim, who is stricken down by the unseen hand of that "pestilence that walks in darkness, and wastes at noon-day." How can any generous spirit view the course of these men with any thing but shuddering and horror; and we really hope that our friend "B." did not intend to endorse their old fling at Homœopathy; for the question, "is Homœopathy synonymous to nothing?" is yet to be settled.

I am prompted to these remarks by the fact that the remarks of "B.," in the above case, will be taken by the readers of the Eclectic Medical Journal as evidence that Homœopathy is merely a *système expectante*. And also to ask, in all candor, whether Eclecticism, in its infancy in this country, is to *assume* a superiority over all other systems, and its advocates become merely the champions of a *party*, of a *system* of modified Allopathy, or whether it will gloriously inscribe on its banner, free discussion, thorough examination, and candid tests of rival theories, and the adoption of the best. Shall Homœopathy be written "O" by our enemies, and gravely accused of being found in the "*drawing-room*," "a favorite of the *ladies*," (no great scandal,) "very *diminutive* in size," "no disposition to *harm*," "a *sweet little creature*"—or shall the bold inscription blaze out on your flag, "Investigation," "Truth."

With no disposition to be severe, but to turn back the sneering hosts that cry "sugar and water," "nothing" "infinitesimals cannot cure," have I made the foregoing remarks, and to incite the friends of your school to look around them, and not be betrayed into the follies of the "old regulars," of decrying that which they know nothing of. Our statistics of results are ample on almost every grade of disease, and you are welcome to use them. I will now subjoin some statistics of cholera in this country: those of which we have been speaking are European tables. I extract from a lecture of B. F. Joslin, New York, December, 1848, published in the New York Tribune. At the Quarantine, on Staten Island, and in the ship that brought the disease there, 64 cases of cholera have occurred, and 32 died, beside others whose recovery is not sure. More than one-half of the cases died in the hands of Allopathy. Ratios of larger numbers are more reliable. In the cholera of 1832, there were in this city, including Bellevue, 5,232 cases, of which 2,031 died, being in round numbers nearly 2 out of 5. Of persons treated at their homes, there were 2,373, of whom 937 died—nearly 1 in 3. In the hospitals, including Bellevue, there were 2,373 cases, and 1,094 deaths—nearly 1 in 2, or one-half. In Europe, in 1831-2, the disease is still more fatal—the tables showing the ratios to be, on an average, 63 deaths out of 100 patients. During the cholera of 1831-2, the Homœopathic treatment was the only system that proved itself worthy of any confidence. Allopaths dare not deny that the great success that attended the Homœopathic treatment of the cholera in Europe, in 1831-2, gave it the most powerful impetus it ever received.

Dr. Balfour of Edinburg, who is prejudiced against the system, and who went to Vienna to detect its defects, writes from that city, in 1836, these words: "During the first appearance of cholera Homœopathy was introduced, and when it came again it renewed the favorable impulses previously given. It was through Dr.

Fleischman's successful treatment of this disease that the restrictive laws were removed, and Homœopathists were permitted to dispense medicine in Austria. Since that time its numbers have increased three-fold in Vienna and its provinces. No young physician, settling in Austria, excluding government officers, can hope to make his bread, unless prepared to treat disease Homœopathically if requested."

Now, let us see how Homœopathic treatment, "which amounts to nothing," say Allopaths, prospered. In 1831-2, in Vienna, 4,500 cases were treated by Allopaths, of whom 1,360 died—581 cases were treated by Homœopaths, 49 died—ratios, 31 per cent. died under Allopaths, and 8 under Homœopaths.

Dr. Quinn, of London, has given the results of ten Homœopathic physicians. The worst results under any one of these was the death of 1 in 5—the best results by any one was 1 death out of 41 patients, or 3 deaths among 125. These cases occurred in London, when the scourge was at its greatest intensity in that city, baffling Allopathy at every point.

Dr. Quinn is a venerable clergyman, and in the spirit of his Master, abandoned his spiritual vocations to save, temporarily, his fellow man. He had first become a Homœopath, and was led to investigation by the ravages of the grim messenger among the doomed patients of the "regulars." The remedies used were *veratrum*, *cuprum*, and tinct. of camphor, and, under some circumstances, lavements of ice-water.

Of the 1,093 patients treated by the ten Homœopathists in London, 95 died, and 21 out of 23 were saved. Similar success was obtained in Russia, in 1831-2. The Russian Consul General gives the following results: Of 70 patients treated in two places, all were saved. Of 1,270 patients treated, 1,162 were saved, 108 died—about 21 out of 23 were saved.

The above *facts* are vouched for by Admiral Mordvinow, who affirms that "not a single death has occurred where the incipient symptoms were met by Homœopathic remedies;" and, what was remarkable, the patients recovered in a short time their strength and health, while those treated by Allopaths lingered many months. The above results of recoveries under Homœopathic treatment, I have observed in all acute diseases. In Russia, Austria, Berlin, and Paris, in the worst results under Homœopathic treatment, more than 10 out of 11 were cured.

I am growing tired of this record—my brain staggers under the frightful ravages perpetrated by Allopathy upon poor humanity. Does "H." wonder that Homœopathy is a "favorite of the ladies"—by far the best half of creation—when we look over the records of what we have achieved by the aid of "*nothing*?"

CASE OF ENTERITIS.

BY ELIAS HUBBARD.

IN the fall of 1847, while practicing in Fayetteville, Indiana, I was called to see a child of Mr. Smith's, about eighteen months old, of delicate form. This child had been suffering from an attack of Chronic Enteritis, for about four weeks, and had been treated by a champion of the Old or Allopathic system—who pronounced the case incurable. In this condition of the patient, I was called to treat the case. I found the child laboring under strong symptoms of cerebral congestion; the pupils of the eye strongly contracted; when it slept the eyes were partially closed; the system was greatly emaciated; skin dry and husky; tongue coated with a whitish-yellow fur, with red edges; abdomen oedematous; discharges foetid, green or black, and watery; urine scanty and high colored; pulse weak and quick, ranging from one hundred and twenty to one hundred and forty per minute; the patient lay on the back, with feet drawn up—in fine, the patient was in a state bordering on the collapsed condition, and its friends had lost all hopes of a recovery.

The treatment pursued was as follows: Cold applications to the head; fomentations of bitter herbs, applied sufficiently large to cover the stomach and bowels; the alkaline wash, used frequently for forty-eight hours, after which the oak ooze was substituted. The internal remedies were, first the N. physic, sufficient to pass the bowels, followed with a powder composed of gum kino five parts, creta preparata five parts, ipecac three parts, and gum opium one part, to be given every two hours, for twenty four hours; then the bowels moved again with neutralizing physic.

This course was followed for about four days. I then substituted in place of the powder, a preparation composed of the tinct. lobelia, spts. nitre, and laudanum, equal parts, given in suitable doses, once in two hours, till a cure was effected. I occasionally applied a mustard poultice over the abdominal region, with drafts to the feet, legs, arms, and between the shoulders, to remove the determination from the brain. As drinks, I used a tea of the blackberry root and elm bark.

Under this treatment the patient speedily recovered, all disagreeable symptoms subsiding, and was dismissed in about ten days, to the entire astonishment of all acquainted with the case, as well as myself, notwithstanding the predictions of the Allopathic practitioner, who was in attendance first in this case.

WEST UNION, IA.

Part 2.---Selected.

INSANITY CURED BY SULPHATE OF QUININE. *By M. Piorry.*—Four cases of mania are reported, in which a complete cure was effected in periods varying from twenty-four to forty-eight hours, by the use of this medicine. The cases were recent and acute; they were characterized by various sensory illusions, and by the occurrence of a paroxysm about the same hour every evening. We give the details in one case:

A woman, thirty-five years of age, was brought into the hospital, in a state of furious delirium, which rendered necessary the use of the strait-jacket. She imagined that she heard the voices of several persons constantly talking beside her, and in particular of an individual who had excited her jealousy, and of whom she wished to rush in pursuit. The attendants were obliged to tie her down in bed, and the house-surgeon proposed sending her to the Salpêtrière.

Two days afterwards, M. Piorry saw her at his morning visit, and found her very irritable, but succeeded in getting from her some account of her complaint. Her diseases commenced with noises in the ears and imaginary voices, followed by delirium, of which she was herself sensible. All these symptoms were much aggravated at night. She was ordered fifteen grains of quinine; no other treatment. Next day there was no delirium, and the day after she was perfectly well.

These cases are very remarkable from the rapidity with which they were cured. M. Piorry considers the delirium of insanity as often induced by certain abnormal sensations, and functional derangement of the organs of sense, and of other parts of the system. In this point of view, it is analogous to various nervous and neuralgic complaints, which are frequently periodic in their attack. Periodicity, indeed, according to his view, is the normal mode of action of the nervous system, and it is therefore not improbable that certain morbid phenomena should obey the same law. In such cases, quinine is indicated from its anti-periodic powers.—*Monthly Journ. and Retrospect Med. Sci.*, from *Gazette des Hôpitaux*, August, 1848.

STATE OF MEDICAL EDUCATION IN TURKEY.—[We are indebted to a medical gentleman, at present residing in Constantinople, for the following details. They point to the existence of a state of matters of which very imperfect accounts have as yet reached this

country; and as such, undoubtedly, is at once the proof and the earnest of a new era in the history of civilization having begun in the East.]

“Military hospitals, on a large scale, are either built or a-building in every quarter of the Turkish empire. There are about one thousand European surgeons attached to the different regiments, two hundred of whom are Jews. The chief professor of the Medical College, Dr. Spitzer, is a Jew. He is also one of the physicians in ordinary to the sultan. By him I was introduced to H. E. the Hakim Bashy Ismael Effendi, the chief physician of the Ottoman empire, who kindly permitted me to visit the different lecture-rooms in the Medical College. It is certainly in a very flourishing condition, considering that it has been in existence only eleven years. The pupils are brought, by order of the Sultan, from all departments of the empire, and are lodged, fed, clothed, and educated, at the expense of the government. When qualified as physicians and surgeons, they receive appointments in the army and navy, with salaries of £200 or £300, and upwards, according to rank, without distinction of Jew or Gentile. Until lately, however, there were no Jews in this college: not that the government excluded them, on the contrary, they were invited; but that people, who have been scattered amongst all nations, yet amalgamated with none, would not send their sons to this medical establishment, even although the most flattering prospects of education and worldly advancement were held out to them. But the government condescended to smooth all the difficulties which stood in the way of the improvement of this subjects. Through its agents, it held interviews on the question of conscientious scruples with the chief Jewish Rabbis; and the result was, not only the guaranteeing liberty of conscience to the Jews who should enter the Medical School, but the assigning to them a distinct portion of the college, so that they might live separated from the Gentiles, the appointment of a superintendent of their own persuasion, to see that their religious duties and services should be strictly observed—also a shocket, or butcher, of their own; and in short, every arrangement was made to prevent their being constrained to do anything contrary to their conscience. In the language of last year’s report of the college authorities,—‘*Toutes les difficultés ont été aplanies, et le Gouvernement n’a reculé aucune sacrifice pour exercer aussi son influence civilisatrice sur cette partie des sujets de l’Empire.*’ The Sultan lately visited the college, and presided at the examinations of the candidates for the medical degree. When the pupils are first introduced to the college, they are, for the most part, raw, ignorant, and uncivilized. They are at first taught Turkish, afterwards the Arabic and French languages; next geography, history, arithmetic, and other elementary branches of education, including natural history. They have already a very tolerable museum of natural objects, well preserved and well ar-

ranged. A small botanic garden is also attached to the college. After undergoing a thorough elementary education, the pupils enter their medical course, comprising lectures on anatomy, physiology, chemistry, materia medica, practice of physic, surgery, and midwifery. The only room I did not see was the dissecting-room; it was closed at the time for want of subjects, which it is difficult to procure in a country where so much prejudice against dissection exists, and even against touching a dead body. I was shown into the grand examination room, fitted up in a great throne of state for the Sultan, who presides at the yearly examination of the candidates for the medical degree. There are also a dispensary and hospital attached to the college. The hospital is divided into medical and surgical wards, and a special ward is set apart for diseases of the eye. Dr. Spitzer delivers clinical lectures in the hospital, which he kindly invited me to attend."—*Constantinople*, March, 1848.—*Monthly Journ.*, Sept., 1848.

COD-LIVER OIL IN PHTHISIS. *By J. Young, M. D.*—The following case is thought to be not devoid of interest. It shows that, in the article used, we have an addition to our resources in the treatment of consumption, which promises more success than any, or all others, in some cases. Certain it is, that the case about to be detailed was an unpromising one, and the oleum jecoris aselli was the only, or the first article that produced the least check to the onward progress of the dire invader.

Mrs. K., of your city, a widow lady, of a consumptive family, aged about forty-four years, visited me last May for advice. She had had a cough for fifteen, or more months, gradually increasing in violence, for which she had tried a great variety of remedies, with but little or no benefit. She had had various medical prescriptions, and had been prevailed on to try homoeopathy. She had tried many of the quack remedies, such as syrup of wild cherry, Jayne's expectorant, the syrup of tar, and naphtha, &c., but none of them had been of any service. Her appearance was pale and haggard; her walk exceedingly slow, and bowed forward. She had profuse expectoration; exhausting night sweats; was very "short breasted," and coughed, on using a little exercise, almost incessantly, with occasional hard "spells" that almost exhausted her; her appetite was variable, and her stomach dyspeptic; her pulse was 110; tongue covered with a white fur; respiration from thirty-five to forty in a minute. Auscultation revealed, under the scapular end of the left clavicle, strongly marked bronchophony; and also into the interscapular space the same, though less strongly; in the axilla, pectoriloquy, with a strong gurgling rattle, extending over a space of two to two and a half inches, square. Below this

zone was another, two or more inches in depth, with no vesicular murmur, but instead, a slight mucous rattle, particularly when she coughed; below this the respiration was clear, as it was for some space under the sternal portion of the clavicle. The right lung was sound.

Under this state of affairs I thought it almost useless to prescribe anything. There was, however, one encouraging symptom, she *menstruated regularly*, and while this is the case, I always entertain some hope, no matter how unpromising other things may be. I first truncated a portion of the uvula, as it was much elongated. This had the effect of relieving, at once, the strangling spells of cough. She was requested to take Hasting's wood naphtha, commencing with twenty drops three times a day, in simple syrup, with five drops of McMunn's elixir in each. This was gradually increased, until she took forty-five drops three times a day. In five weeks she was not benefitted in the smallest degree, while her strength had deteriorated materially. She now, successively, tried every variety of cough mixtures, comprising the terebinthinate and balsamic preparations, but all were of no benefit. Her menstrual period went by in June, without any show. By the last of July, her strength was so far gone, and her symptoms progressing so rapidly, that she gave up her house in the city, and came to Chester, for the benefit of country air, and of escape from the cares of house-keeping.

Her situation at that time was, extreme emaciation; the eyes sunk and dark under them; complexion sallow; pulse 120; stomach rejects almost everything; no appetite for anything; coughs almost half the time; night-sweats; orthopnea, so that she cannot lie below an angle of forty-five degrees; sleeps but little; has chills and fever sometimes every day; circumscribed spots in the cheeks, with burning of hands and feet; so weak she "can't walk fifty yards;" unable to get up stairs without assistance, or climbing by the banisters, and stopping every two or three steps; she has become round shouldered and stooping.

The stethoscopic signs are, in the axilla, extremely loud tracheal, or cavernous sounds, with a loud gurgling rattle when she coughs, or endeavors to inspire deeply; pectoriloquy quite distinct; anterior to this is mucous rattle, with bronchophony; posteriorly the same, but less loud. In the portion immediately under this, there was more of a crepitating mucous rale than when examined previously, and slight bronchophony, the remaining portions unaffected, or but slightly so. The expectoration at times is most profuse, particularly if by means of opiates the cough is quieted partially, for a few hours; is mostly yellowish, heavy, and sinks in water as would lead. Occasionally, however, for a day at a time, it consists mainly of greenish-yellow matter, streaked with blood, with considerable

froth, or mucus, and so offensive to the taste and smell, as to occasion emesis.

I was completely at the end of my resources, when I received the July number of your journal. I there found two or three cases of consumption, by Dr. Bennett, treated with the cod-liver oil. I at once determined to try it, as something new, but with little hopes of finding any good come of it. It was procured, but such was the irritability of the stomach, that for more than a week its use was not commenced, during which neutral mixture and naphtha were again used, with the effect of quieting it. She commenced it the 20th of August; a desert spoonful three times a day was taken in *froth of porter*. It rested easily and lightly; in a few days it was increased to a tablespoonful three times a day; and finding this to have no unpleasant effect on the stomach, in a few days more it was increased to four tablespoonfuls a day. This quantity was not exceeded. In about two weeks she found an evident improvement in her appetite; in two weeks more she found a diminution of her fevers and night sweats, nor did she require so much paragoric to make her cough supportable. She had had a constant blister alternated between the shoulders, and on the scapular portion of the thorax, which she had neglected re-applying for some days, and on the 25th of September she had a severe attack of pleuritic pain, for which I was summoned in haste to see her. The blister was at once applied, and removed the pain, and there was no more return of it.

At this time, when she was on the use of the fourth pint of oil, the loud cavernous sound in the axilla was more tracheal than formerly; pectoriloquy was less distinct, and the gurgling rattle was much diminished; bronchophony still well marked in the same situations as formerly.

The oil was persevered with, a tablespoonful four times a day. At the end of October there was a great amelioration of all the symptoms; the night sweats had, in a great measure, disappeared; the chills and fevers were gone; the dyspeptic symptoms all gone, and she had a uniformly good appetite. She was ordered to live well on good nourishing food, without regard to what it was, if no unpleasant effects were felt in the stomach. Her countenance had assumed a natural sprightly expression; her strength was increasing; her dyspnoea decreasing, and everything appeared favorable. She had rarely to take paregoric on account of the cough, but the blister was kept sore. In another month there was not a symptom of disease remaining, except some cough and expectoration. And now, 25th of December, she walks about the streets, straight and erect, not so strong as formerly, but can walk a mile or more without great fatigue. She weighs some pounds heavier than she ever did even in her younger days. Her sallow countenance has all gone, and, although she is pale, she looks sprightly, talks, laughs

with, and enjoys the intercourse of her friends as well as before she was sick. Her orthopnoea has disappeared for two months, and she sleeps easy on either side, though rather more so on the left than the right, and what I regard as among the most favorable signs is her *catamenia returned* in December.

She still coughs and expectorates, but not so much in a week as formerly in a day—and the expectoration continues to diminish. The sounds in the chest are little more than a rather loud mucous rattle, with little or no puffing, or bronchophony. In the axilla is a portion in which there is no vesicular murmur, and only the mucous rale, but not strongly marked.

The blister has not been applied for six weeks or more, and no inconvenience has resulted from letting it heal up. She is taking a tablespoonful of the oil twice a day. I am fearful yet of an attack of influenza, which is prevailing, to some extent, in her case. It would, in all probability, rekindle the disease. But certain it is she is nearly well. I doubt very much whether any other article could have produced the effects that have resulted from this. Certainly it is not known, if it exists. All known means had been tried, and most faithfully too, before she commenced the use of this, and from no one, nor from all successively tried, did the slightest benefit accrue.

I find much discrepancy of opinion concerning the kind of oil most medicinal. The kind used in the above case was the fine, clear, white oil. It cannot be procured for less than one dollar a pint. The colored, coarse oil, at about half this price, or less, I have not recommended, because but few stomachs could bear it without nauseating, when continued for the length of time necessary. The effect of the other, instead of nauseating, is to improve the appetite, and the digestive, and assimilating functions, hence it ought to be preferred in all cases. It is to be apprehended that the high price of it will lead the dishonest to making an inferior imitation, that can be sold at a cheaper rate. In cases of this kind, as in many others, the cheap article is dearest in the end. I am trying it in three other *hopeless* cases of consumption, in which all other means have failed. They are all improved, but what will be the result, time must develop. They have not taken enough yet to know what it will do. They all find an improvement in the appetite, and two of them express themselves as increasing in strength; their fevers and sweats are diminishing.—*Chester, Dec. 25, 1848.—American Journal, Jan., 1849.*

INDIAN TREATMENT OF CHOLERA. *By Samuel Rogers.*—1st Stage.—*Venesection* has been advocated by many, and very generally practised in this stage of the disease; but to be of service it

should be performed early, before the heat of the body is much diminished, and the skin has become clammy. The blood at first flows with difficulty, is of a dark color and thick, but in many cases, after a small quantity is drawn, it loses these characters and becomes florid, the pulse rising in frequency; this I have repeatedly witnessed.

Emetics are constantly given in the earlier stages, but their use appears to be based principally on theoretical grounds.

Calomel, in large doses, was long a favorite medicine with the older practitioners in India, from an idea that in such doses, in addition to its other effects, it possessed peculiar sedative powers, the usual routine having been to administer calomel $\mathfrak{ss}$, opii gr. ij immediately on the patient being seen, and to repeat the dose every hour or two, according to the judgment of the prescriber. It is allowed by every one, that calomel possesses no specific power over the disease, and is useful, when combined with opium, in restraining the violent action of the intestines, and allaying emesis; when the violence of the disease subsides, it then exerts its peculiar power in restoring diseased or suspended secretions. The experience of late years, however, has taught us, that the same effects may be produced when this medicine is given in much smaller quantities, whilst large doses are thought by many to hasten death in bad cases; and in those which recover, the salivation, which it often occasions, retards convalescence. Calomel, in small doses, is used by most practitioners, and the following formulæ are highly recommended: Calomel, pulv. capsici, aa grs. iv; opii gr. iss or gr. ij; assafoetidæ gr. ij; ol. menth. pip. m. i; to be repeated at intervals whilst purging continues, until 8 or 10 grs. of opium have been taken. Dr. Lorimer remarks, "I cannot forbear recording my testimony to a combination of medicines, which, in warding off and checking an attack of cholera, in numerous instances, both in Europeans and natives, has been followed with the happiest results. The remedy consists of quinine, calomel, and opium, in the quantities of six, four, and two grains respectively, followed by a wine-glass of brandy diluted with a little warm water; this, given within the first hour or two of seizure, will be found, in a large proportion of cases, to check the disease, (in my own experience it has never failed.)"

The combination of nitro-muriatic acid and opium has been very extensively tried, and with the best results, the doses being acid. nitric, m. ij; acid. hydrochlor. m. i; tinct. opii, m. x; water 3j; to be repeated every hour or hour and a half; the effects are sedative, stimulant, and astringent.

Sugar of lead and opium are acknowledged by most practitioners to be one of the best combinations which we possess, in arresting purging, in the premonitory stages of cholera, given in doses of

gr. ij of the former, and opium. gr. i, repeated according to circumstances.

Opium, in some shape or other, enters into most prescriptions, and is of essential benefit in restraining the alvine discharges and stopping emesis; but from the tendency to coma and stupor, in this disease, great caution is necessary in its administration; 8 grs. of solid opium is the largest quantity which I should consider it safe to use during an attack of cholera.

Stimulants are of great use in the incipient stages of cholera. Of these, the spirit. ammon. aromat., the spiritus ætheris sulphurici, and sp. æth. nitrici are the best, and the carbonate of ammonia and camphor, when we wish to administer stimulants in the solid form, for fear of inducing vomiting; quinine, from its influence over the nervous system, appears to possess a certain power in counteracting the effects of the poison, when given in the early stages. The Indian hemp has also been advantageously used for this purpose, with the effect of almost immediately raising the temperature of the skin.

Cold Baths.—The cold *douche*, as a remedial agent, is highly recommended, not only in the invasive period, but also in the last stages of disease. I have known the most marked benefit obtained from dashing cold water on the face and head, when the patients were sinking into collapse, and when, except the head, the body was all over cold, and the pulse almost imperceptible; the patients in these cases often expressed themselves revived, and called for its repetition.

The use of hot baths is now relinquished by universal consent, having been found, by experience, to be injurious in various ways, but chiefly, from the fatigue and upright posture, inducing fatal syncope.

Saline Injections into the Veins.—The immediate, or primary effects, of this remedy was to restore the enfeebled circulation; the action of the heart and arteries being invigorated, and the pulse (which may have previously been imperceptible at the wrist) becoming strong and full. The temperature of the skin, also, from being cold and clammy, became warm, and the patient, aroused from a state of almost inanimate collapse, sat up, talked, and expressed himself relieved. This improvement was, however, found to be transitory; symptoms of collapse soon began to return again, the patient became covered with profuse cold sweat, and after relapsing into a state of extreme prostration, the vital powers could not be again stimulated to action.

Oxygen Gas.—Oxygen gas has been used in the low stages of cholera, with the effect of immediately restoring the heat of the skin and raising the pulse; the inhalation being continued for four or five hours at intervals, whenever the pulse began to flag.—*Month. Retrospect, Dec., 1848.*

MEDICAL EDUCATION IN TURKEY.—The progress of civilization in Turkey, of late years, is very remarkable, and the advance of medical organization and education especially so. The state takes upon itself the choice and the instruction of its people in medicine. A general order has been issued to each district of the empire, to send up six young men for medical instruction. The candidates are formed into three great classes: 1. Elementary, where the general education is attended to, in the Turkish, Arabic, and French languages, in history, geography, &c. 2. A class of medicine and surgery. 3. One of pharmacy for apothecaries. Those intended for physicians are to spend four years in the elementary and four in the medical and surgical classes. The pharmaceutical course occupies two years, after the conclusion of attendance in the elementary class. Pupils pass from one class to another by examination. The medical school of Galata-Serai has hitherto been the only one; but a new institution is nearly completed, a medico-chirurgical academy, which will take the name of its founder, the reigning sultan, Abdul Medjid. When the latter college is inaugurated, the old school of Galata-Serai will serve for the preparatory studies only, and from it students who have received certificates in arts will pass on to their medical or pharmaceutical studies in the academy. Turkish improvements are arrested on one subject by the inveterate prejudices of the people—viz., in that of midwifery, for the practical study of which no opportunities are afforded. Still, as the difficulties in the way of practical anatomy have vanished, and that in a much less time than might have been expected, considering all things, so we may also hope that, ere long, the onward progress of knowledge will also sweep away the difficulties in the way of the obstetric art in Turkey.

EXTRACT OF CLOVER.—The Shakers of Canterbury, N. H., prepare a delicate article, which is represented to possess very important properties, by boiling the blossoms of red clover, (*Trifolium Pratense*) till an extract is obtained, of a certain consistency, recognized by them as being the medicinal point, and which is particularly used as an external application in ulcerations. Those who have made themselves familiar with this comparatively new preparation, say that it acts like a charm in altering the condition of the most formidable class of ulcers. Such, in short, are the favorable representations from reliable sources, that hospital surgeons might find it advantageous to use it at once, especially as it is so mild and delicate that no disturbance in the system may be feared, however liberally the extract is applied.—*Bos. on Med. and Surg. Jour.*

LOBELIA IN HYDROPHOBIA.—[It is amusing to observe the general ignorance of the medical profession upon the subject of the use of lobelia, which is frankly confessed in the following communication. Professional knowledge, of the most simple and familiar character, which has long been enjoyed by medical reformers, will be found from time to time rising up among our Old school brethren as *interesting novelties*.—B.]

To the Editor of the Boston Medical and Surgical Journal:

SIR: The following statement has been thought to possess sufficient importance and interest to warrant its publication. If you think so, you may, if you please, give it an insertion in the Journal.

Dr. Benaiah Sanborn, who died in 1841, in our neighboring town of Sanbornton, had a very extensive practice for many years in that town and vicinity, enjoying, to an eminent degree, the confidence of the community around him. Although making no pretensions to very much science, he was considered a skilful physician, and a man of high moral and intellectual worth. "Having ascertained," as he supposed, "that lobelia was an antidote to poison of extremely virulent character," he was induced to test its virtues in the treatment of hydrophobia, an opportunity for doing which soon presented. The swine of four families, on the borders of Sanbornton and Meredith, were bitten by a dog supposed to be mad. The Doctor purposed giving the lobelia by way of experiment. To three of the swine it was given as soon as possible, and continued to be given freely for some time. These all lived, while the one to which it was not given proved mad and died of hydrophobia.

He was afterwards called to see a son of Esquire Mooney, of Canterbury, nine years of age, who had been bitten. It was the eleventh day of his disease. "He had become very wild, and the spasms were so severe that it was necessary to confine him and pry open his mouth in order to administer any thing." Whilst the lobelia was preparing, he gave, in hopes of allaying the spasms, a powder composed of opium, 1 gr.; sal. nitre, 1 gr.; camphor, 1 gr.; digitalis, 2 grs. A strong decoction of the lobelia being prepared, was then given and repeated until free vomiting was produced. It was taken with difficulty at first, being ejected from his mouth and nose, but the effort was persevered in and succeeded. In three hours, the Doctor remarked, "the patient was relieved, and sat at the table and took tea with the family comfortably."

Another case, in which the same treatment was entirely successful, was that of a Mr. Newell, of Reading, Mass. His reputation for the successful treatment of this dreadful disease, it seems, became somewhat extensive, and is, to this day, held in high esti-

mation by the people amongst whom he dwelt; so much so, I am told, that many of them are in the habit of yearly laying by them in store their bunch of lobelia.

The facts, as above related, I have had in my possession for a long time, having been for many years a neighbor to Dr. S. Having had no opportunity to test the value of this treatment by actual experiment, and having never seen, as I recollect, any allusion in any of our medical journals to the use of lobelia in the treatment of hydrophobia, I thought the communication might not be uninteresting or unprofitable to the profession. Should any be induced to make trial of the above, I hope they will give the result of their experiment through the pages of the Journal.

E. K. WEBSTER.

Boscawen, N. H., February 22, 1849.

CONSTIPATION.—A failure of the natural action of the bowels in the removal of their contents, is a fruitful source of disease. From this arise eruptions of the skin, bad breath, dyspepsia, and a multitude of derangements. This complaint seems to be more prevalent in this country than on the other side of the Atlantic—a fact attributed by our respected fellow townsman, Dr. John C. Warren, to the superior dryness of the atmosphere. The constant occurrence of the difficulty alluded to has led him to try a great number of remedies, suggested by physicians and common experience—cold water on an empty stomach, pure coffee taken under the same circumstances, fruit, dried fruits, cold water injections, and a number of articles of the materia medica—magnesia, rhubarb, aloes, &c. All these have had a limited good effect, but have failed in a great number of instances, and could not be brought into general use.

In the year 1828, he first introduced into this place bread made of unbolted wheat flour, variously denominated as brown bread, dyspepsia bread, &c. The good effects of this article have been extended to thousands, and even perhaps to hundreds of thousands, of persons; but it fails in many cases, owing to the patient being unable or unwilling to take a sufficient quantity.

In February, 1847, while conversing with a patient grievously troubled, it occurred to him, that, as the coarse wheat bread produced its laxative effect by the action of its unassimilated portion, the bran, a coarser bran might have a greater effect and remedy the constricted state of the bowels which the bread had failed to do. He selected some of the best wheat, had it coarsely ground in a coffee mill, boiled slowly for three or four hours to the consistency of hominy, rice, or hasty pudding, and found, to his great satisfaction, that this article, eaten with a little salt and butter, or cream, or brown sugar, or molasses, answered more uniformly than any

other substance. Since its introduction, this has been employed by a vast number of persons in Boston, in the northern division of this country, and in many other places, with excellent effect. It is eaten at breakfast or dinner, in a quantity varying according to the constitution of the individual; but, as a general rule, from eight to twelve ounces, or two tea cups, will answer the purpose.

The principle on which this substance produces its action we do not intend to discuss here, but, as we have heard these remarks from Dr. Warren himself, we can vouch for the accuracy of the above statement; and, having made trial of the "cracked wheat," or "wheat hominy," we can testify to its valuable properties from our own experience. This preparation he does not offer as a new invention, as it has been employed for various uses; but it is remarkable that the attention of physicians and others has not been distinctly directed to it by any one, as the best dietetic remedy for costiveness. Perhaps it has been thought too common a thing to be brought before the public in a formal manner; but if it attains so very desirable an object as it is believed to do, its simplicity ought not to constitute an objection to doing so. That it does this generally, there is no doubt, although it ought not to be considered as a panacea, adapted to cure every one, since there are persons with whom it does not agree, and to whom, therefore, its benefits are not available. The medicinal efficacy of the preparation is proportioned to its coarseness, and to the shortness of the time it is boiled; but to render it palatable, it should be about as coarse as rice or hominy, and should be boiled from thirty minutes to four hours, a little salt being added at the close of boiling. Being acceptable to most persons as an article of food, it is kept for sale by the grocers of Boston.—*Boston Med. and Surg. Jour.*

COD-LIVER OIL. *By D. M'Ruer, M. D., Bangor, Me.*—There have been few articles introduced into the *materia medica* with more apparent reluctance, on the part of the profession, than the cod-liver oil; but having once obtained a place in the catalogue of remedies, we predict it will be as slowly discarded as it has been adopted.

Cod-liver oil has been held as a popular remedy among the inhabitants of the sea coasts of northern Europe for many centuries. The virtues imputed to it have been both vague and various, but it has been universally esteemed in many chronic diseases as a remedy of unequivocal power. Among the fishermen of our own continent, it has long been highly valued for its curative power in rheumatism and its analagous diseases. It first attracted the attention of some medical practitioners in 1771, when Dr. Percival used it in many cases of chronic rheumatism with success. Dr.

Key, of Manchester, employed it extensively in hospital practice in 1789; and Dr. Bardsley used it previous to 1807. But it was not until 1822 that the attention of the profession was particularly directed to it by any publication based upon numerous and authentic cases in which it had been used. Dr. Schencks, of Germany, published in "*Hufeland's Journal*" of 1822-6, a series of papers in favor its curative powers, which has led to its gradual adoption as a remedy in that country. More recently it has been employed in Belgium, France, England, and Scotland. Within the last three years it has been introduced into the practice of medicine in this country, and from the numerous advertisements of those who prepare it for medical purposes, as well as from the reports that appear daily in the public journals, of its efficacy in disease, we infer that it is being used very generally.

Its therapeutic properties led Dr. Kopp, of Germany, to suspect that it contained iodine. This conjecture was verified by Drs. Loomé, Bennett, and others, who all, however, differ in regard to the quantity of iodine found in a given quantity of the oil, varying from one-half to one and a half per cent. The proximate elements of the oil bear some resemblance to those of bile, as it contains in common with that fluid, oil, resin, and saline matter. It reddens litmus paper, is soluble in alcohol and ether, and is usually found to possess the specific gravity of 0.930. Gmelin obtained a saline mass from the oil which struck a deep-blue color with a solution of starch, and had all the usual reactions of a solution of iodine.

In 1835, Dr. Brefield published a monograph on the use of the cod-liver oil, in which he says that from careful observation of many successful experiments with it in cases of rheumatism, he considers it a specific in both the acute and chronic forms of that disease. This testimony has since been corroborated by a host of medical writers in Europe, who, likewise, agree that it merits the first place among anti-scorfulous remedies. Dr. Tanfled reports an instance of its success in curing a case of strumous caries of the spine, with extensive ulceration. Dr. Graves declares that he has seen it accomplish cures in scrofulous disease of the lymphatic glands, after all other remedies had been tried and failed. Drs. Richerand and M. Hall highly extol its curative powers in many obstinate cutaneous diseases; and other medical authorities, of equal respectability as the foregoing, have strongly recommended it in phthisis, chorea, spinal irritation, epilepsy, chlorosis, coxalgia, and tabes mesenterica.

The sensible therapeutic action of the oil seems to be almost null. Dr. Dunglison says, that it has no manifest effect on the secretions, [excretions?] except occasionally on the urinary and cutaneous depurations; on the healthy organization it seems to excite no marked change. In strumous affections, however, its

favorable influence is striking, as well as in rheumatic and gouty disorders. In seventy-one patients for whom Dr. Bennett prescribed the oil, he observed that vomiting was occasioned by it in three cases; slight diarrhoea in seventeen cases; slight diuresis in two cases; and diaphoresis in twelve cases. He thinks it owes its efficacy in scrofula to iodine, and attributes its superiority over that obtained by chemical means to its organic combination with animal matter.

Dr. Acherson, of Berlin, explains its *modus operandi* in another manner. He conceives that oil globules are essential to the formation of the elementary cells of tissue; for the elementary globule is composed of liquid fat and albumen; and observes, that when fat in a liquid state and albumen are brought into contact, a small quantity of the latter forms a case around a globule of the former, in the same manner as the formative rudiments of animal tissue are produced from a combination of the oil contained in bile and the albumen of the chyle.

Dr. Bennett and most other writers, while acknowledging the ingenuity of Acherson's hypothesis, differ from him, by attributing its curative power to its agency in improving the function of nutrition, thereby affording to the blood an energetic and rich plasma, and promoting the activity of the vital forces, and forwarding the absorption of morbid deposits. In addition to these explanations, Dr. C. J. B. Williams thinks, that "its peculiar fluidity and little proneness to change enables it to pervade all structures and to penetrate even into imperfectly organized deposits, and by softening their concrete fatty molecules, and rendering more permeable and supple their whole mass, brings them more under the influence of the adjoining living parts, through the circulation, in which, either their vitality and nutrition are improved and maintained; or, if incapable of improvement, they are gradually dissolved and absorbed away.

These opinions all tend to establish its character as a nutritive of no ordinary power. In regard to its formative or solvent agencies, all is conjecture; its claims to these properties seem to have been advanced to explain its wonderful effects in cachectic diathesis, and scrofulous deposits. But when we consider that both of these morbid conditions are but the effect of vitiated or imperfect assimilation, the ingenious theories of Acherson, as well as Williams, will be found to be wholly gratuitous.

In addition to the several explanations, already advanced, of its *modus operandi*, we feel authorised, from having observed its effects in some peculiar diseases, to attribute its restorative powers to its direct admissibility into the circulation, without undergoing the process of digestion, or passing through the lacteal system. We do not suppose that all the oil that enters the stomach, is in this manner disposed of, or that none goes the usual route of the

other digestible matter; but we think we have strong reasons for the opinion, that much of it finds its way in a more direct manner into the circulation, either by vital absorption or by *endosmosis*. Its low specific gravity would seem to favor its transmission by the latter method. However, the following case is one of those alluded to which have led us to the foregoing opinion.

J. M. C., a young girl aged four years, was attacked with cholera infantum during the autumn of 1848, which resulted in a diseased condition of the mesenteric glands; their enlarged and indurated state could be distinctly felt through the walls of the abdomen. The emaciation peculiar to that disease steadily progressed, in defiance of every remedy, as well as the gratification of a voracious appetite; until the case became so hopeless that all medication was suspended, except such dietetic regulations as were found to best insure the temporary comfort of the patient. The case, under this expectant treatment, for weeks continued to advance towards an apparent fatal termination; when, about a month ago, in consequence of the earnest solicitation of the mother, that something more might be attempted to save her child, the cod-liver oil was directed to be given in half-tablespoonful doses three times a-day. About a week after the commencement of the oil, an evident improvement in the general appearance of the child was perceptible, although the discharges from the bowels remained as chylous and as frequent as they were before the oil was given. This improvement is still going on. The pulse has nearly doubled its volume; and the glands, which were formerly easily discernible by the hand, cannot now be readily felt, in consequence of the increased thickness of the walls of the abdomen. Whether this patient will recover or not, is still doubtful; but the change in the increase of adipose tissues, as well as the improvement in the general circulation, since the commencement of the oil treatment, irresistibly leads to the inference, that nutritive elements have found a way into the circulation different from the usual route of digestion. The declarations of other patients that the oil acts as a cordial, as promptly and as effectually as an equal quantity of *good wine*, strengthens this supposition.

The curative powers of the cod-liver oil are more manifest in tubercular phthisis than in any other disease in which we have prescribed it. Indeed, no therapeutic agent has come under our observation which has apparently produced such favorable changes in this disease as the oil. Undoubtedly much of its efficacy depends upon its power of invigorating the system, and increasing the "*turgor vitalis*." Yet we apprehend it sometimes acts in a conservative capacity, by presenting to the oxygen that enters the circulation a supply of hydro-carbonaceous elements, to satisfy its imperative affinities; and in this manner it tends to protect the nitrogenous tissues from rapid decomposition. This hypothesis

receives some support from the results of a chemical and microscopical examination of three specimens of urine, from each of three individuals, both before and after taking the oil; when the urea was found in much less quantity in the urine passed after taking the oil, than in the specimens obtained before its use.

Within the last two years we have prescribed the cod-liver oil in thirteen cases of well-marked tubercular phthisis, and the following have been the results. It has been discontinued in two cases; in consequence of its producing hæmoptysis in one case, and diarrhœa in the other. Two cases have not perceived any effect whatever from it. Five cases have been materially benefited; three of whom are yet persisting in its use. And four cases are to all appearances cured; they have regained their flesh and strength, are free from cough or hurried respiration, and their circulations have returned within the *limits of health*.

In one case of caries of the spine, of a strumous character, when the patient was unable to sustain the upright position without great suffering, at the time when the oil was first taken, about four months ago, it has so improved his condition that he is able to take part with other children in their pastimes out of doors, with perfect freedom from pain.

Although the effect of cod-liver oil on a healthy system is almost null, yet it ought not to be inferred that no discrimination is necessary in its administration in disease; for there are some pathological states in which it proves highly injurious. Diseases attended with intense arterial action, increase of heat, intestinal irritation, or hæmorrhagic tendencies, are those morbid conditions with which I have found it to be incompatible.

If this communication will induce some of the readers of the Journal to give the cod-liver oil a more extensive trial, and report their experience of its efficacy in disease, my object will be accomplished.—*Boston Med. and Surg. Jour.*, March 7, 1849.

PRESERVATION AND RESTORATION OF SIGHT.—This is an important matter, yet easily attained by this simple rule: When the sight is too short, close the eyes, press the fingers gently OUTWARDLY from the nose across the eyes. Short sight is caused by too great ROUNDNESS of the eyes, and rubbing or wiping them from their inner toward their outward angles, FLATTENS them, and thus lengthens or extends their angle of vision. But as long sight is caused by the too great FLATNESS of the eyes, passing the fingers or towel from their outer angles INWARDLY, of course rounds them up, and thus preserves the sight. By this simple means, all persons can adjust their sight to their liking, so as to read without glasses

just as well when old as young. The value of this knowledge is second only to that of sight.

Bronson is at present the leading promulgator of this idea, and claims to have discovered it. It may be original with him, yet was known long before Bronson's birth. The grandfather of a female friend of the editor's practiced it fifty years ago, and by its means preserved his eye-sight so as to be able to read fine print when eighty-eight years old; and John Quincy Adams, in conversation with Lawyer Ford, of Lancaster, Pa., who wore glasses, told him if he would manipulate his eyes with his fingers, from their external angles inwardly, he would soon be able to dispense with glasses. Ford tried it, and soon restored his sight perfectly, and has since preserved it by the continuance of this practice. On this point the Philadelphia Ledger remarks as follows:

Restoration of Sight.—The Boston Traveller gives some interesting accounts of experiments made by Professor Bronson, in removing imperfections of sight, produced by age, or malformation. According to the Traveller, old people have been enabled to lay aside their spectacles, and people of all ages, who suffered from short sight, have been entirely cured. The Traveller says that Professor Bronson is the author of these discoveries, and that his practice consists entirely in manipulation. Professor Bronson is well known in this and other cities as a lecturer upon elocution, and has opened an office in New York, for medical practice upon the eye, in which we wish him success.

But while giving credit to Professor Bronson for his efforts in doing good, and while admitting that his method of treating the eye is original with himself, we do not admit that he was the *first* discoverer. The very treatment ascribed to him for restoring decayed sight, was discovered long ago by John Quincy Adams, and successfully practiced on himself. This is not the only case in which scientific men have made the same discovery, without any communication with each other. Dr. Franklin in Philadelphia, and Dr. Ingenhouse in St. Petersburg, without any knowledge of each other, made simultaneous discoveries in electricity. Therefore, we do not wonder at Professor Bronson's discovery concerning the eyes, without any hint from Mr. Adams, who had long previously made the same discovery. Mr. Adams did not communicate his discovery to the world, but mentioned it incidentally, and as of no great importance, to two or three friends in the course of his life. We certainly wonder at him and them, for not perceiving its general utility. Mr. Adams never wore spectacles, his sight enduring to the last. Yet those who remember him in private conversation, may remember his habit, while listening, of *manipulating* his eyes with his fingers, by passing them gently over the surface, from the external to the internal angle.

The decay of sight that is remedied by *convex* spectacles, is

caused by the gradual absorption of the humors, or relaxation of the coats, rendering the transparent cornea less convex. The manipulation or gentle pressure perhaps, by stimulating the coats, and thereby causing them to contract, restores the original convexity, and consequently the original perfection of sight. In rubbing or wiping the eyes, we naturally pass the hand or towel over the convex surface, from the internal to the external angle. This diminishes the convexity, and thus promotes the decay of sight, and therefore should be carefully avoided. The pressure, whether in wiping or *manipulating*, should proceed, in eyes originally perfect, from the external to the internal angle. *Short sight*, remedied by *concave* glasses, is caused by *undue convexity* of the external cornea, whether congenital or caused by disease. In this case, all wiping, rubbing, or manipulation, should proceed from the internal to the external angle, the reverse of the motion necessary in the case first mentioned. In manipulation, care must be taken against pressure too hard, or continued too long, which may develop inflammation.

The same female friend, mentioned above, has been troubled for years with a spontaneous weeping of one of her eyes, which she has entirely cured by rubbing and wiping her eyes, when she washes, INWARDLY. She also now reads fine print, whereas before she was unable to do so. This subject will of course commend itself to the practical trial of all who may be suffering from imperfect or weak eyes.—*American Phren. Jour.*

TARTAR-EMETIC AND OPIUM TO INFANTS. *By N. B. Pickett, Great Barrington, Ms.*

In your remarks on Dr. Beck's Infant Therapeutics, you allude to the frequent use of *tartar-etic* and opium by New England mothers for young infants. I, for one, rejoice that such a man as Dr. Beck has been willing to investigate and portray the evils of using these "Samsons" of the *materia medica*, so common in the nursery. Not a community, probably, in this commonwealth, but can bring out facts to prove that opium in some form will certainly put a quietus—yes, a final quietus—to the crying babe! Several cases of this kind have been reported to me. And I view *tartar-etic* as little less dangerous. We all know the tendency of *tartar-etic*, when externally employed, to produce eruptions and ulcerations. And why not produce a similar ulceration upon the mucous membrane of the bowels? I fear that many of the bowel complaints and *chronic diarrhæas* of children could be traced to the frequent use of antimonial wine given to allay fever or relieve a common cough from cold.

A case fell under my observation a few years since, which is to the point. A child, about three years old, of robust, healthy appearance, was subject to asthma. To relieve the turns of wheezing, the physician left a solution of antimony, with directions to give frequent doses until the child vomited freely. This, for a time, operated well; but the dose was enlarged, yet no emesis could be produced. True to the directions, the mother repeated the dose so frequently, that *hyper-catharsis* and general prostration began to alarm the parents for the safety of the child. I was sent for, and found him *in articulo mortis*. This dysentery, as they termed it, had been running for some days. He was now insensible, sphincter ani perfectly relaxed, surface cool and moist, constant rolling of the head, livid countenance, indicating that the brain was suffering and death at hand. He died within a few hours—his death evidently caused by the too free use of antimony.—*Boston Med. and Surg. Journal*.

OPIMUM AND BLEEDING. *Extract from the Fiske Fund Prize Dissertations of the Rhode Island Medical Society; by C. W. Parsons, M. D.*

Very many diseases of irritation exhibit the over-excitement of some functions rendered necessary by a previous cause, which cause must be attacked first. But those diseases of irritation, in which the consequence lasts though the first cause is removed, so far as we can remove it, may perhaps be brought under the head of self-limited diseases. Such are confirmed epilepsy, tetanus, delirium tremens.

In regard to the last of these affections, much difference of opinion prevails as to the usefulness of opium. That sleep is a most favorable occurrence in the paroxysm of delirium tremens, is well established. That under very different modes of treatment it is very generally obtained within three days, is also well known. But the researches of Dr. Ware, of Boston, have illustrated the natural course of the paroxysm, showing that under these various methods of management it in fact took its natural way, and that, under a purely expectant plan, the desired sleep is very generally obtained within 60 to 72 hours, in uncomplicated delirium tremens. Nay, more, the fatality, and duration were both increased in cases where sleep was forced by opium in large doses (giving 24 to 72 grains in the course of 48 hours), or where small doses were given, not enough to have any great influence in producing sleep (two or three grains in 24 hours). This belief, first announced as the general impression left by a pretty extensive observation, afterwards appeared in the more trust worthy form of the results of numerical

computation. (See the subjoined table.*) Dr. Ware's researches show that sleep, particularly if forced by art, is in a considerable proportion of cases not immediately followed by recovery, and sometimes occurs in cases that still prove fatal. In delirium tremens, not complicated by other disease, and not occurring in constitutions broken down by long-continued excesses, he decidedly recommends that no powerful means be used to procure sleep. The papers of Dr. Ware, on this subject, are favorable specimens of what may be done to illustrate the treatment of diseases, by studying their natural history. The results are interesting, as showing a case of pure irritation, not stopped by removing the cause, and that runs itself out, if not interfered with, more safely than if we try to quiet the irritation. In the treatment of this class of diseases, generally, more can be accomplished by allaying the irritability, and attacking the predisposing causes, than by directly trying to subdue the existing excitement.

Inflammations figure so largely among the diseases we are called to treat, that they deserve special consideration here. Much breath and ink have been wasted, in inquiring whether inflammation is, or is not, a restorative process. The question has been discussed most intelligently with reference to inflammation following mechanical injury, where we can get at more of the elements of the case, than in internal diseases. It has been satisfactorily shown that inflammation is not necessary to the healing of wounds, but is in many instances a hindrance to the true reparative processes. It is matter of observation that wounds may heal without redness or heat, without pain except what is left from the injury, without accumulation and delay of blood in the capillaries, or increased action of the arteries—and that healing beneath a scab, or by the so-called modelling process, is interrupted when these signs of inflammation appear. Sometimes, on the other hand, wounds or ulcers will not heal till the organizable elements of the blood are specially increased, as by inflammation. So in internal diseases—after ulcerative perforation of the intestine, inflammation is the great source of danger if it spread along the peritoneum, and at the same time the only safeguard if it stop after sealing up the opening by lymph. Inflammation is not essentially and constantly either restorative or hurtful.

	* No. of cases.	Bled.	Died.	Recovered.	Complicated with acute disease.
Opium, large doses,	8	0	4	4	1
Opium, small doses,	7	1	2	5	1
Emetics,	12	1	1	11	2
Bleeding,	2	2	0	2	0
Various,	9	5	3	6	7
Quinine,	1	0	0	1	1
Mercurials,	1	0	0	1	0
Expectant,	29	4	1	28	1

But it generally tends to spread along continuous textures; we can seldom be sure, except in certain specific cases, that it will not go on to disorganize the part it occupies, or permanently disable this part; it makes the part more liable to inflame again; it affects the constitution of the blood, and the powers by which its elements are produced; it tends to produce secondary inflammation in other parts. This last fact has been most fully brought out by the researches of M. Louis. Then inflammation may by each of its processes do immediate immense harm, may block up the air-cells in the lungs or the lining of the glottis, may deposit an opaque spot in front of the pupil. Its tendency to propagate itself, and run on into further evils, makes it one of the worst forms in which the power of reaction can show itself. Practically, there are very few cases in which it is not desirable to check or moderate inflammation.

How much we can do to cut short the series of actions grouped under this name, is doubtful. As the means most confidently recommended, let us consider the effects of bleeding. Nowhere has the fallacy more prevailed of overlooking the secondary, in the immediate effects of treatment. Some practitioners and writers speak very confidently of stopping or shortening inflammation by bleeding. "In many cases of *cynanche tonsillaris*, an early and full bleeding will have the effect of arresting the inflammation, and thus of saving the patient from much suffering if not danger. Even when the arrest of the disease is not effected by it, the inflammation is reduced in violence and shortened." I quote the above (from Condie's notes to Watson's Lectures on the Practice of Medicine) to show the off-hand, confident manner in which many physicians, those of the English school particularly, speak of inflammation as controlled by bleeding. On the other hand, certain French observers of this country set forth, as the result of facts, observed with most patient industry and marshalled in tabular views, that with them bleeding seldom cuts short, and has a slight power of shortening or rendering less fatal, many inflammations where most good is commonly expected from it. And certainly, the observations from which these inferences are drawn, deserve great confidence, from their completeness and conscientiousness. Impressions remaining on the mind, not confirmed by detailed records of cases, are more to be relied on as showing the immediate, striking results of a remedy, than the after-effects, the secondary reactions, the sum of all the successive changes this remedy calls forth, and their aggregate influence on the disease in its whole subsequent course, and on the health in after-life. Now, we have ample testimony—every physician has it from his recollections—that bleeding may immediately relieve urgent symptoms, and in this way may save life or an important organ. This comes under a head we have already

considered. It is quite another question, how far it could control the whole after course of those morbid processes called inflammation.

From many parts of continental Europe, accounts reach us of hospital practice there, in which the usual active measures recommended in all our text-books are not employed. Acute pneumonia is placed under good hygienic influences, and left in the hands of nature, with some nominal medicament, to amuse the mind, and secure obedience to the hygienic rules imposed. Such is the treatment of Magendie, at the Hotel Dieu of Paris. In Germany, where Homœopathic management has been quite common, an expectant course is often followed in certain hospitals. The comparative results of Homœopathic treatment under Fleischmann, and of treatment by Skoda, with a little *extractum graminis*, and occasionally experimental remedies thrown in, are given in the British and Foreign Medical Review for October, 1846. Of 19 cases under Fleischmann, having an average of 24 years, 3 died; of 45 cases under Skoda, 3 died. In acute inflammations, venesection had for three years been rarely used by Skoda, other modes of bleeding not at all; average mortality, 13.7 per cent.; average age, 25.3. The great advantage of not bleeding is, in his opinion, the more rapid recovery. The results of treatment in these two hospitals at Vienna, have derived an interest from the wide publicity given to those of Fleischmann, as specimens of the superiority of Homœopathy. The paper in the Review referred to, is by Dr. G. W. Balfour, of Edinburgh, who observed the cases himself, and shows that the average results of treatment almost or completely inert, with attention to hygienic rules, were more favorable than those exhibited in Fleischmann's published tables, notwithstanding several incidental circumstances that gave the later an advantage. The diseases presented a less sthenic character than those of Great Britain.

Magendie, in his wards at Hotel Dieu, Paris, has seldom used the lancet for some years past; the same is the case in the House of Industry at South Boston, though several cases of acute pneumonia frequently occur.—*Boston Med. and Surg. Jour.*

THE LATE MEDICAL DEGREE AT GENEVA. [Communication.] D. K., in your last number, seems shocked at the conferring of the degree of M. D. upon a female at the recent commencement at Geneva College. Your correspondent is decidedly behind the age. How long is it since the leading physicians of Boston sent out a circular, recommending the establishment of an institution for the education of females in the art and science of midwifery? Prof. Warren can enlighten him on this point, should he need information. Are there no female accoucheurs in this country?

Are there none in France and Great Britain? Were there none in Egypt in the time of the Pharaohs, about the period of Moses' birth? How was it in New England, in the time of our forefathers? In the first volume of the "Collections of the Maine Historical Society," (p. 285,) we read that the General Court held at Wells, July 6, 1646, "presented Francis Rayus for *presuming to act the part of a midwife*; the delinquent, examined by the Court, is fined fifty shillings for the offence, and paying the fees, 5s., is discharged." *Tempora mutantur, et nos mutamur in illis.* Has D. K. ever heard of Madame Boivin, M. D., of Paris, the distinguished lecturer and writer on obstetric science? The fact is, there is, and always will be, female accoucheurs; the only question is, shall they be educated? There can be but one opinion on this point. As to females engaging in the general practice of medicine, the idea is absurd; D. K. need have no fears of a rivalry, which he seems to dread, as about to jostle him uncomfortably. The "nefarious process of amalgamation" will not be consummated to a great extent in his day. D. K. talks of the "profession of law, medicine, and divinity, as masculine duties." Are there no masculine females? Was not Madame Potemkin and Madame Dacier both honored with the degree of L. L. D., from one of the first English universities? The records of freemasonry will show that females have been inducted even into that most honorable order. I see no reason why, if a female has made the proper acquisitions, and proved herself worthy of the honor, she should not receive the degree of M. D., as well as Mr. D. K., or any other person.

Miss Blackwell, it is well understood, studied medicine for three years in the private office of Prof. S. H. Dickson, of New York, a gentleman whose fitness for judging of the proper personal (medical, physical, and moral) qualifications for the study and practice of medicine, no one, it is presumed, will doubt. It is also understood that Prof. D. not only approved, but strongly advised Miss B. to prosecute the study of medicine, and qualify herself for its practice; and we are informed it was chiefly in consequence of his flattering recommendation, that she was permitted to attend the courses of lectures in Geneva College, and admitted to an examination for a degree. We honor the college for its liberality; and we believe the profession will sustain it still more generously for the disinterested bestowal of its honors on the deserving, irrespective of sex or condition.

Even admitting the correctness of D. K.'s remarks in general, with respect to woman's unfitness for engaging in the practice of medicine, it would be strange indeed if exceptions did not occasionally occur. From all we have been able to learn respecting Miss B., she is emphatically an exception. "*Exceptio probat Regulam.*"—JUSTUS. *Boston Med. and Surg. Jour.*

CHOLERA IN NASHVILLE, TENN.—RELATION TO LIMESTONE.—We have just received a letter from Dr. H. B. Walton, of Nashville, giving some interesting particulars in relation to the appearance of cholera in that city. He states that the pestilence first appeared there about two months since, and that the average mortality from it had been about two a day. "The weather, for the greater part of the time, has been warm and wet. But," he adds, "the point to which I wish particularly to call your attention is, the predilection of the disease for a certain quarter of the city. It has prevailed almost exclusively about a particular locality. At first, this appeared inexplicable; but since reading the remarks of Dr. Jackson on the connection between cholera and limestone regions, I have supposed that the cause was revealed. A large portion of the city of Nashville is supplied with water from the Cumberland; citizens in other parts use water from springs and wells, which, of course, is largely impregnated with carbonate of lime. It is to the latter, with scarcely an exception, that cholera has been confined. Two cases presented themselves, which, at first, I supposed were exceptions to the rule. One was a lady, who resided in that portion of the city where hydrant water is used; the other was a negro man living in the same quarter; but, on inquiry, I learned that the former used water from a spring in the cellar of her dwelling, and that the latter been laboring in the vicinity of a spring from which he obtained all the water he drank.

"A large majority of the more aggravated cases have occurred in a small neighborhood, in the vicinity of a spring more highly charged with lime than any other in the city. Whether it is to the use of this water, or to some other cause, that the disease has prevailed in this locality while the city has been exempt from it, is a question not to be determined without farther observation.—*Western Jour. of Med. and Surg.*

NUTRITIVE PROPERTIES OF BRAN.—M. Millon has communicated to the Academy of Sciences the result of some interesting investigations of his concerning the ligneous matter of wheat, whence it would appear that bran is a very nutritive substance. Though bran doubtless contains from five to six per cent. more ligneous substance than flour, it presents more nitrogenous matter, twice as much fatty matter, and moreover two distinct aromatic principles, one of which possesses the fragrance of honey; and these are both wanting in flour. M. Millon, therefore, thinks that bran and meal ought to be ground over again and mixed with the pure flour, and he has found, by repeated experiments, that this mixture yields a superior kind of bread, and free from the inconveniences of that bread which, in some countries, and particularly in Belgium, is made with coarse meal.—*London Lancet.*

QUININE. *By Dr. A. B. Shipman, of Laporte, Ia.*—It is curious to hear the opinions of medical men on the *modus operandi* of quinine, and also on its effects on the system, when laboring under other diseases aside from malarious. Some contend that it operates on the poison of malaria, by entering the circulation and neutralizing it by a chemical action; others, that it acts as a sedative; others, as a tonic, and so forth. There is a great difference of opinion *when* to give it, and in what doses. The most enthusiastic advocates for its use, and those who make it a hobby, give it at all times and in all stages, and in all manner of doses, from 10 grains to 60, or even larger ones in some cases. These men contend that when malaria enters the system in sufficient quantities to produce fever, a sufficient quantity of quinine will prevent its attacks, if given in season; and when the attack commences, in whatever stage, cold, hot, or sweating, if given in requisite quantities, it will stop the fever, whether it be of the intermittent or remittent type. They contend that no intermission or remission is necessary for its exhibition; that the hot stage of remittent fever is preferable, on the whole, to any other stage; and whether this reasoning is good and sound, or bad and untenable, as respects the *modus operandi*, one thing is very certain, that the patients treated in this way get well in a most incredibly short time. A man is seized to-day with a chill, and high febrile reaction comes on and continues for a few hours, or, as the case may be, a few days; he sends for a physician, and he prescribes 60 grains of quinine in six equal doses, and if he is very restless he adds one-quarter or one-eighth of a grain of morphine to one of the powders, perhaps the first one; he orders them taken once in four hours, and nothing else. In twenty-four hours the fever is gone. There has been neither emesis or catharsis, but a most profuse sweating has come on a few hours after the first dose; and all the sensible effect besides the subsidence of the fever and the sweating, is that the patient feels as if a swarm of bees had taken his head for a hive, or that it had become a tea kettle with boiling water in it. I have experienced the sound like wind in a distant forest, or like the distant noise of the surf breaking on the sea-shore. In some, a profuse secretion of urine will follow; but whether caused by the medicine or the subsidence of fever, may not be accurately determined. It is true, they get well; and it will appear odd to some, to be told that neither cathartic nor any other medicine is necessary to complete the treatment. Some begin the treatment by a short preparation—a cathartic of calomel or an emetic—and wait for an intermission or a remission, and then give the quinine, and follow its use by a laxative. Others give small doses of 5 or 2 grains often repeated; while the bold, decided ones, give one large dose and let that suffice. Quinine is the remedy in every stage of the fever; but if organic changes have occurred from the continuance of the fever, as gastro-

enteritis, hepatitis, splenitis, meningitis, bronchitis, pneumonitis, or other local disease of a serious character, then we are not to expect a cure by this remedy alone; but still they say give it, by all means, to destroy the primary cause; and treat the other affection as an independent disease. These local difficulties are so apt to come on when a fever is not arrested early, that it is quite a misfortune to neglect calling in aid early.

With regard to the mortality of fever in the West, it is quite inconsiderable, compared with the great numbers who are the subjects of it. Most of those who die with fever are neglected, either from poverty, negligence of nurse, eating some imprudent thing during convalescence, obstinacy in refusing proper diet, or using inert or improper treatment, and all the great number of causes acting on a large scale, over a great extent of country. I am convinced, however, that where one person dies at the West with fever, notwithstanding the poor accommodations that they have, fifty die of fever at the East—that is, out of an equal number of cases. This success is noticed by the people generally, and by the physicians in particular; and hence, many a man educated at the East, and thoroughly, too, in medicine, will apply the principles learned there to the treatment of fever, and fail, and that, too, at a time when he wished to make the most favorable impression in the community where he has settled, viz: the first year of his practice. But if they are not too self-sufficient, and will observe the disease closely, and deign to lay aside their dignified airs, and get down from their high horse, they will soon master what is really no very difficult matter.—*Boston Med. and Surg. Journal.*

NAPHTHA AS AN ANÆSTHETIC.—Prof. Simpson has been latterly experimenting upon the light coal tar naphtha as an anæsthetic. It is as powerful as chloroform, but not so pleasant to inhale, and its only advantage is its cheapness. Prof. Simpson believes that the active anæsthetic constituent is benzole.

ANÆSTHESIA FROM THE LOCAL APPLICATION OF CHLOROFORM.—Mr. Higginson communicated to the Liverpool Medical and Pathological Society, the case of a lady, aged twenty-five years, in labor with her first child; the perineum had long been on the stretch by the head, which was tumefied by the pressure; the pain was great with each uterine contraction, but was referred entirely to the perineum, no pain being apparently felt from the uterine contraction itself.

About half a drachm of chloroform was poured upon a hand-

kerchief in the ordinary manner, but instead of being applied to the mouth, it was held in almost immediate contact with the perineum. The pain immediately ceased, though the uterine contractions continued in full force; and the first intimation the patient had of the progress of the labor was hearing the child cry. Her mind was not at all affected, nor was intellectual consciousness in any degree diminished.

He had observed the same thing, though in a less degree, when the chloroform had been applied to the sacrum in another case.

He had also applied this agent to the os uteri of a patient suffering from very severe dysmenorrhœa, by means of a sponge placed in a curved glass speculum, which was introduced into the vagina. The pain almost immediately abated, and on its return, after some hours, the patient re-applied it herself with similar benefit.

Dr. Watson mentioned some cases confirmatory of its good effects when locally applied. He had painted it over a swelled testicle, with speedy relief to the pain, and had applied it along the course of the spine with a similar result in a case of acute spinal tenderness, which had not been relieved by other treatment. He had also applied it to the surface of a large mammary abscess, prior to opening it, which was afterwards done without suffering to the patient; and also to the vulva of a woman before cauterizing the orifice of the urethra. It had relieved the cramp and collapse in a case of English cholera when laid upon the epigastrium, and had abated the pain almost immediately when painted round the edge of a surface to which potassa fusa had been applied for the purpose of forming an issue.—*Lond. Med. Gaz., Jan., 1849.*

LOCAL ANÆSTHESIA IN NEURALGIA.—Dr. Hays stated, that he had employed the chloroform to produce local anæsthesia with apparently the most happy effects, in a case of neuralgia, occurring in a gentleman fifty years of age, who had been for a long time a sufferer from neuralgia of the foot, in which all the remedies that had been previously employed failed to produce relief. Dr. H. was called to this patient about eight days since, and found him in intense pain, which had deprived him of sleep the whole of the preceding night. Dr. H. directed the affected parts to be enveloped with a pledget of lint, or a few folds of muslin, wet with chloroform, and the whole to be covered with a portion of oiled silk, to prevent evaporation; on the next morning he found him entirely free from pain, which has not since returned. Whether the relief experienced in this case is to be ascribed to the local anæsthesia produced by the chloroform, or is to be considered as

a mere coincidence, Dr. H. does not pretend to decide.—*Trans. Phila. College of Phys.*, Vol. ii., No. vi.

Since this communication was made to the College, the further history of this case has shown that an arrest of the paroxysm is always accomplished by the application of the chloroform; and by the use of the article, several other similar cases have been attended with like results.

BENEFICIAL EFFECTS OF COFFEE IN INFANTILE CHOLERA.—Dr. Pickford states, that from the great importance which now attaches to the treatment of cholera, he feels it to be incumbent upon him to impart to others the experience which recent opportunities have afforded him of the effects of *coffee* in the cholera of infants.

In the case of an infant at the breast, to which he was called late, to whom the usual remedies had been administered unavailingly for four days, the exhibition of coffee was attended with complete success. The incessant vomiting and purging had produced extreme emaciation; the abdomen was distended; the pulse was frequent and small; there was great restlessness, and sleeping with the eyes half-opened; convulsive motions of the eyes when awake. Carbonate of ammonia, with nourishing diet, and external stimulants, having been fruitlessly exhibited, Dr. Pickford determined to have recourse to coffee, which he knew to have been recommended as a stimulating tonic by Dr. Dewees. He began with a small dose, a scruple infused in two ounces of water, with one ounce of syrup, giving a large spoonful every hour. The effect was surprising; the vomiting was arrested; the evacuations became more consistent, improved in color, and less frequent. The amendment progressed so rapidly, that by the tenth day the child was discharged as cured.

The effects were equally good in a little girl, fourteen weeks old, in whom the vomiting was not so severe, but the diarrhoea was quite as copious. In this case, also, the coffee was given, after other means had been tried, and the patient greatly reduced.

Dr. Pickford has since used this remedy in nine children of different ages, from four weeks to two years and a half. The doses have varied from half a scruple to two scruples daily. He has, also, administered it to children laboring under premonitory symptoms, especially where the evacuations have been very light-colored. In some cases a single dose of calomel has preceded its employment. The effect was always favorable, except in one case to which he was called too late, when the child was already sinking.

He has not had any occasion to try the value of coffee in the

diarrhoea of adults, having found calomel and opium of sufficient efficacy.

The benefit of coffee, especially in bilious diarrhoea, has been extolled by Lauzow and Chultze, (Richter's *Arzneimittellehre*, vol. 1.) West, in 1813, found a combination of coffee and opium very useful in the epidemic of that year. Coffee has long been employed by the common people as a remedy (in Germany, we suppose) after excessive indulgence in spirit drinking. It is known to have the property of promoting digestion, and the action of the bowels.

The purgative action of burnt coffee is attributed by Dr. Pickford to its tonic exciting properties. Like some other substances, in small doses it is capable of restraining diarrhoea, while in large doses it acts as a cathartic. The physiological explanation of this opposite effect of the same remedy is probably to be found in the condition of the motor nerves, which, being weakened, are by its moderate stimulus restored to their normal state of excitement, and thereby diarrhoea depending on their paralysis is cured. In this way, also, is explained its aperient action in larger doses on adults, by its over-stimulating these nerves, and so promoting increased movement of the intestines.—*Lond. Med. Gaz.*, Nov. 1848, from *Henle's Zeitschrift*, Vol. v. 11, Part 1.

ON THE EXTERNAL USE OF IODINE IN CROUP.—Dr. Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases, in which, by this means, he succeeded in averting impending death.—*Lond. Med. Gaz.*, Jan., 1848, from *Schmidt's Jahrbucher*, No. 7, 1847.

THE ADVANTAGES OF CHLORIDE OF GOLD AS A CAUSTIC. *By*
M. Chavannes.

MM. Récammier and Legrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treat-

ment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix which remains after the use of this chloride, is said to be less marked than when other caustics are employed. It is prepared thus: Gold leaf one part, hydrochloric acid three parts, nitric acid one part.—*Month. Ret., Feb., from Gaz. Med. de Paris, Dec. 23, 1848.*

THE AMERICAN MEDICAL ASSOCIATION.

TUESDAY, MAY 1.

THE AMERICAN MEDICAL ASSOCIATION met this morning at the Lowell Institute, at 11 o'clock.

Dr. Warren, in behalf of the Massachusetts Medical Society, briefly addressed the delegates.

Dr. A. H. Stephens, of New York, President of the Association, then delivered an address to the members.

A list of delegates present was then read by the Secretary. They numbered about two hundred and fifty.

A committee was then appointed, consisting of one member from each state, to nominate officers for the ensuing year.

AFTERNOON SESSION.

The Association met at half-past three o'clock.

The nominating committee appointed in the morning, reported the names of the following gentlemen as officers of the Association for the ensuing year:

For President—Dr. John C. Warren, of Massachusetts.

For Vice-Presidents—Dr. J. P. Harrison, of Ohio; Dr. H. H. Maguire, of Virginia; Dr. A. Flint, of New York; Dr. R. S. Stewart, of Maryland.

For Secretaries—Dr. A. Stille, of Pennsylvania; Dr. H. I. Bowditch, of Massachusetts.

For Treasurer—Dr. Isaac Hays, of Pennsylvania.

These gentlemen were unanimously elected to the respective offices above named.

A committee was appointed to wait on the President elect, and inform him of his election.

They soon after returned, accompanied by Dr. Warren, who took the chair, after returning thanks for the honor conferred upon him, and addressing a few sensible and pertinent remarks to the delegates.

The reading of the reports of the standing committees was then commenced.

The first report read was from the committee on practical medicine, of which Dr. Condie, of Pennsylvania, is chairman. The reading of this report occupied all the afternoon, and was not finished when the hour for adjournment arrived. It was then voted to suspend the further reading of the report, and refer it to the committee on publication.

WEDNESDAY, MAY 2d.

MORNING SESSION.

The Association met at 10 A. M., pursuant to adjournment—Dr. John C. Warren, of Boston, in the chair. The first business of the session was the reading of the minutes of the Association.

Dr. Bowditch, chairman of the committee, reported a list of delegates to the Association, from which it appeared that upwards of *four hundred* members are now present in the city, representing twenty-two states.

On motion, Dr. J. P. Jewett, of Lowell, was elected a permanent member of the Association by a unanimous vote. This motion involved a brief discussion as to the true interpretation of the article in the constitution which refers to permanent membership.

Reports from standing committees were called for. A motion was made that the reading of reports, in full, be dispensed with, and that the chairman of a committee be permitted to read such portions as he deemed to be more immediately interesting to the convention. Upon this motion, considerable discussion arose. It was contended, on the one hand, that it was disrespectful to a committee, who had carefully elaborated papers in behalf of the convention, not to hear them; also, that, referring reports to the committee on publication, the convention gave their sanction to documents, doctrines, and principles which they might not be willing, on revising their opinion, to approbate. On the other hand it was contended, that the objects for which the convention assembled would be entirely lost, by reading in full every report that the committees had prepared; that even one or two lengthy reports would consume all the time of the sessions; that it was not necessarily disrespectful to a committee to dispense with the reading of a report, because such a course is in accordance with the practice of parliamentary bodies; that the Association did not necessarily become responsible for the doctrines of a report, but that, though they appeared in the volumes of the transactions of the society, yet they stood there as reports only, and the committees alone were responsible for them. The motion was finally withdrawn, when

Dr. Nathan R. Smith, of Maryland, chairman of the committee on surgery, read a lengthy and elaborate report on that subject. A large portion of the report was devoted to a consideration of the great improvements in surgery which the discovery and introduc-

tion of anæsthetic agents had enabled them to adopt. In reference to chloroform, the report says it is the most powerful agent of the kind known, and that care should be taken in administering it to the patient. It has been administered to millions of subjects, and we have but fifteen cases of authenticated deaths supervening from its use. Alarm, therefore, on the subject is needless. Much more cause is there for alarm, much more reason to apprehend a fatal termination in taking an ordinary railroad journey, than in inhaling chloroform at the hands of a judicious and careful practitioner.

It is inadmissible, the report says, to proceed with a surgical operation in dangerous cases, without the use of chloroform, because safety and immunity from pain are secured. It should not be used where there is a disease of the heart; and in inhalation care should be taken that atmospheric air be mixed with the chloroform. Inhalation should stop the moment that insensibility is attained. Prof. Simpson has published his opinion that one hundred lives have been preserved by the use of chloroform where one has been lost by it. He further says, that the mortality where chloroform is used, is much less than in similar cases where it is dispensed with.

In careful hands, chloroform is an invaluable agent. The author of the report has administered it *thirty-four* times to one patient, a young woman, to the extent of complete insensibility, without any unpleasant results. Prof. Mott, of New York, has performed operations which he would not have attempted without the aid of chloroform. Other important matters were introduced which we forbear alluding to. The reading occupied an hour, and was received with the most lively tokens of approbation. It was referred to the committee on publication.

It being understood that the great and general court of Massachusetts would certainly adjourn this day, it was voted that the Association meet on Thursday morning, at 10 o'clock, in the hall of the house of representatives.

The orders of the day were now called up, when it was moved that the orders be suspended to allow the consideration of an amendment to the constitution, the effect of which would be, as stated by Dr. Stevens, of New York, that delegates who are present, and can now only act as visitors, would, under the proposed amendment, be immediately admitted to all the rights and privileges of permanent members.

The Association was thrown into a state of the utmost confusion, by motion piled on motion, and there appeared no way of escape opened. Two or three members were addressing the chair at the same time, until, at length, the worthy president was obliged to rebuke the members, which he mildly did, by saying, "If gentlemen had been as willing to listen, as they were to speak, the difficulties would not have arisen." The constitutional question was

finally referred to a special committee consisting of Dr. Stephens, of New York; Dr. Hood of Philadelphia; Dr. Condie, of Philadelphia; Dr. Arnold, of Georgia; and Dr. Knight, of Connecticut.

This vexatious affair being so happily disposed of, Dr. Chandler R. Gilman, of the College of Physicians and Surgeons, of New York, read a report from the Committee on Obstetrics. This report, like that on Surgery, is largely filled with remarks on the wonderful advantages which Obstetric practice has gained through the introduction of Anæsthetical agents; and it is very cordial in its notice of Dr. Channing, who, the report says—"has made a most invaluable contribution to the literature of Obstetrics in the publication of his work, *"Etherization in Child Birth."* Etherization has now been used in thousands of cases, and in no one instance has the slightest injury resulted to the mother. These results may well be considered wonderful, but particularly so in cases of instrumental labor.

In order to present the question of anæsthesia in child-birth before the Association, in entire fairness, the committee have incorporated into their report the principal objections which those who oppose the use of such agents have urged against them. They, however, give it as their deliberate opinion that the chance of a patient's recovery is greatly increased by etherization, and they say that anæsthetics may not only be given in all cases of labor, but, they say, they may not rightfully be withheld. The report was accepted, and referred to the Committee on Publication.

At half past one o'clock, the Association adjourned, to meet at half past three, P. M.

[The remainder of the proceedings will probably be given in our next. We observe that CINCINNATI has been selected for the next annual meeting of the Association. One of the most interesting features of the proceedings, was the admission, by some of the members, that the Old school profession was quite unpopular, and that an introductory letter, from a fashionable clergyman, was worth more than a diploma from the most learned college. How can they expect to be otherwise than unpopular, when they outrage all the courtesies of life, and shock the sense of justice in the public mind, by their selfish combinations against free investigation, and by their obstinate adherence to a destructive system of practice, in spite of the overwhelming evidence of experience, which is daily accumulating against them?—B.]

Part 3.---Editorial.

HONOR AND VERACITY OF MEDICAL HUNKERISM.

THE *Western Lancet* for April, 1849, contains a tirade of coarse abuse, in which its editors have certainly succeeded well in displaying their own reckless disregard of the truth and determination to take all unfair advantages of their professional opponents.

The letter of Dr. Stevens (with remarks in a similar spirit) is republished, without any reference whatever to the fact that Dr. Beach's appointment as physician of the tenth ward in New York, was publicly made by proper authority, and that a correspondence did take place between himself and Dr. Stevens, as published in our last number. These facts, which were published some time since in a city newspaper, and were known to the editors of the *Lancet*, they have carefully suppressed, thus endeavoring to produce the impression, that the whole statement in reference to Dr. Beach's cholera practice is entirely fictitious. This unwarrantable suppression of the truth must be considered, under the circumstances, as a most dishonorable attempt at deception.

It is with deep regret that we find ourselves compelled to bring such an accusation against the professors of a medical college and editors of a medical journal, but no one, who dispassionately observes the facts, can avoid coming to the conclusion, that the editors of the *Lancet* have, in these matters, discarded every principle of honor, and resolved to achieve by unblushing falsehood what they cannot accomplish by any honest and respectable course.

The evidence of this is found in the fact, that they have repeatedly made false and slanderous attacks upon the Faculty of the Eclectic Medical Institute, and have stubbornly refused to make any correction, or to suffer any correction to be made in their pages, of statements which they know to be calumnious and untrue.

The slanders of Prof. Harrison, which were noticed and refuted in the January number of the *Eclectic Medical Journal*, still stand uncontradicted in the pages of the *Lancet*, and will no doubt con-

time so to stand, until a Power competent to bring the dead to life shall awaken his dormant conscience.

In reference to these slanders, Dr. Lawson, the principal editor of the *Lancet*, repudiated all personal responsibility, because he was not the author of the article. Yet, Dr. L. was no less culpable than Dr. Harrison, and was no less bound to apologize for the slander, since he had himself previously uttered similar slanders, which he has to this day refused to correct, although he knows the falsehood of his statements, and has been strongly urged to do what every honorable man would feel bound to do—to correct his own palpable and notorious mis-statements. The following is the language of Dr. Lawson, in reference to the Eclectic Medical Institute, in his review of Dr. Forbes' celebrated essay on Homœopathy, Allopathy, and Young Physic.

"This 'new Cincinnati school,' we wish Dr. Forbes to understand, advocates a system of botanical practice, excluding all minerals, general and local bleeding; and as a substitute, offers a false system of pathology, and a system of therapeutics more monstrous than that of Brown. This is the reform we are promised."

Although Dr. Lawson knows distinctly that in the above passage he has uttered a malicious falsehood, he will not permit his readers to be undeceived by any correction of that falsehood, from any source, in the pages that he controls. He has not even sufficient sense of shame to feel the necessity of vindicating his profligate course, but pursues his career with the same unblushing effrontery with which an abandoned convict lies to your face, and, when detected in the act, still adheres to the lie, and utters a few more, in the firm conviction that any falsehood, well maintained, will pass for truth with a portion of the public.

Dr. Lawson knows full well that the prejudices of his readers have been artfully excited against the Eclectic school, and that its character, principles, history, &c., have been so carefully concealed from them as to render them liable to imposition upon such a subject: hence the brazen effrontery with which he publishes the slanders of the Columbus Medical Journal, edited by Dr. Butterfield, and adds new falsehoods of his own. The following language, in reference to the Faculty of the Institute, will show his hardihood:

"We are right, then, in saying the *quacks*; for they completely

and perfectly come up to the above definitions. One advertises his *secret nostrums* (and he a *professor*—God save the mark!)”

This allusion, according to Dr. L., is aimed at Dr. Beach. It is possible that when it was penned, it was written in the recklessness of ignorance, neither knowing nor caring whether it was true or false; but he has since been distinctly informed as to its truth, and now persists in the falsehood because it is convenient and answers his purpose. The medicines which bear the name of Dr. Beach, and which are now manufactured by apothecaries, like Dovers' powder, Seidlitz powders, Coxe's hive syrup, Cooke's pills, and other familiar forms of medicine, according to certain well known recipes, have gained a wide celebrity on account of their intrinsic merit, and it is no small honor for Dr. Beach, that he should have been instrumental in introducing to an extensive circulation, medicines of so much value, which have already accomplished more for human welfare than will ever be accomplished by the Faculty of the Ohio Medical College, even if they should live to the age of Methusaleh. To assert that these celebrated medicines were *secret nostrums*, when they were familiarly known to thousands of physicians and apothecaries, as well as to the nonprofessional public—when they are, and have been from their first introduction, as public as any of the officinal preparations of the United States' Dispensatory—indicates either deplorable *ignorance*, or still more deplorable *mendacity*. Whatever the motive, there is no probability that Dr. Lawson will ever retract a falsehood, uttered against his medical opponents, if we may judge from his past conduct.

While our Old school neighbors thus assail us for the open, public, and honorable introduction of important medical compounds, as familiarly known among us as paregoric, or volatile liniment, how happens it that they themselves attempted, *unsuccessfully*, to introduce a secret nostrum? Aye—how happens it that Drs. Jackson & Morton attempted to introduce a secret nostrum—to take out a patent right for the use of *Sulphuric Ether*, giving it a new name, to disguise its nature, and thus convert a well known substance into a secret nostrum. And how happened it that this secret nostrum, this patented *Letheon*, was introduced to the profession by Dr. Warren, (now President of the National Medical Association,) and its use extended throughout the country, until the secret exploded, and the patent expired by its utter incapacity

to be maintained. Verily, the old Hunkers of Medicine should say but little of secret nostrums, when they recollect the history of the Letheon nostrum, introduced by Jackson, Warren &c. How different the career of Dr. Beach, who instead of making nostrums from the resources of his experience, made every thing public, and even sacrificed time and money to obtain possession of useful remedies and recipes, to convert them from secret nostrums into public contributions to medical science, for the benefit of mankind.

The remarks of Dr. Lawson, in reference to the bill for the regulation of the medical attendance upon the Commercial Hospital, contain a great deal of sheer nonsense, which is utterly unworthy of notice. These silly remarks appear to be caused by a petty jealousy, and narrowness of mind, which are truly pitiable. The suggestion that Homœopathy is taught in the Eclectic Medical Institute, appears to Dr. L. utterly incomprehensible. He pronounces Homœopathy 'antagonistical' to Allopathy, and therefore avers that it is really *dishonest* to teach Homœopathy, or to profess that it is taught in the Eclectic Medical Institute. This specimen of malignant silliness, is worthy of notice only as a specimen of the spirit of Hunkerism. Dr. Manley, of New York, a prominent physician among the old Hunkers of that city, once declared publicly in Court, that he regarded Homœopathy as a system of *knavery*. Dr. Lawson, in a similar spirit, pronounces it *dishonest* in Eclectic practitioners to extend a courteous recognition to Homœopathic science. Yet these gentlemen pass unrebuked among their old Hunker associates. How degraded, indeed, does the medical profession appear, when such sentiments are current in our medical schools and periodicals. It is possible that Dr. Manley may be mentally incapable of appreciating the evidence of Homœopathy—it is possible that Dr. Lawson may be incapable of conceiving how any one but an exclusive ultra Homœopath, could recognise the truths which have been proved by Homœopathic experience and investigation, but if these gentlemen are thus intellectually deficient, this fact furnishes an additional evidence of the influence of the moral over the intellectual faculties, and of the contracted range of the intellect, in those of contracted sentiments. Figuratively, as well as literally, the heart affects the head, and smallness of the former tends to produce a certain weakness of the

latter. We have never known a man of bold comprehensive intellect, who had not, also, generous and expanded sentiments.

The quibbling scurrility of Dr. Lawson is assisted by an extract from the Medical Journal of Columbus, which would be considered quite an appropriate article, in the columns of certain weekly newspapers, published in the large cities, for the benefit of the more profligate portion of the population, who delight in fluent and spicy personal abuse. This article, of about seven pages, displays considerable skill in the way of medical demagoguery, and partisan slang, in which Dr. Butterfield appears decidedly more skilful than Dr. Lawson. Dr. B. says: "We know a family, in which one of the 'Eclectic Faculty' was the attending physician, and which lost by death *three* cases of Scarlatina, in succession, out of *three* cases attacked."

The great lack of veracity, which these gentlemen have already shown, in their general statements, and suppressions of the truth, destroys all claim to our confidence. But it is to be observed, that the statement of Dr. B. evidently refers to private practitioners at Columbus, the only place where he could have had any opportunity of observing Eclectic practice, but by using the terms *Eclectic Faculty*, he aims the accusation at the Institute! With reference to the Faculty of the Institute, we have interrogated three of its professors, who have been extensively engaged in practice, as to the results of their practice in Scarlatina. Of these three, one who has for many years been engaged in a heavy practice, stated explicitly, that he had not, in the whole course of his practice, lost but a single case of Scarlatina; another, who has practiced about twenty years, and has been in the midst of the most violent epidemics of this disease, stated the mortality of his practice to have been about five cases in the hundred. Another, who has not been practising for so long a period, stated, that in the treatment of Scarlatina, he had never lost a case. Indeed, any one who will converse with Eclectic practitioners, any where, will find that it is an extremely rare circumstance with them, to lose a patient by Scarlatina. These facts, we hope, will ere long be amply established by the statistics reported to the National Eclectic Medical Association.

B.

THE NATIONAL ECLECTIC MEDICAL CONVENTION has just concluded its second annual session, in Cincinnati. The proceedings, which occupied a day and a half, have been quite interesting. They will be published in our next number. It had been supposed, on account of cholera panic, that the convention would be postponed. Hence, a large number were deterred from being present, who would otherwise have attended. It was therefore deemed advisable to hold another session of the convention, on the first Monday of November next, at the same place.

The treatment of cholera was the subject of many interesting remarks in the convention. The experience of those who have been engaged in treating that disease, in Cincinnati, seems to demonstrate that it is a disease of but little danger, when treated according to the principles of Eclectic practice. Among the large number of cases treated by the Eclectic Faculty, but one death has yet occurred, and that was owing to the neglect of medical treatment until the last stage of the disease had arrived. At the same time, we learn that in the Hospital, where calomel and the lancet are still retained, by legislative sanction, there has been a *fearful mortality!* How long shall this outrage be continued? B.

CINCINNATI MEDICAL INSTITUTE.—What has become of the Cincinnati Medical Institute—the summer school of medicine, at the Ohio Medical College? Last year we had the melancholy duty of recording the death of the *Allopathic summer school*, after a wretched existence of a few weeks. This year we are disposed again to write the usual obituary notice for the poor thing, if we can only find out whether it has actually died. We presume it cannot die without previously being *born*. And as we are not certain whether the hopeful Institute has ever seen the light of day, or commenced its course of lectures, we are not prepared to record its death without some previous evidence of its birth, more convincing than a newspaper advertisement, with a long list of professors, and a fee of \$20 for the whole course. The only explanation of the enigma which occurs at present, is that the school proposed to commence on the first of April—All Fools' Day—the day on which practical jokes and humbugs are much accustomed to explode. B.

DOCTOR TAYLOR.—We observe by the transactions of the Medical Society, of the State of New York, that Dr. STEVENS, (President of the National Medical Association) “proposed to recommend General Zachary Taylor, President of the United States, for the honorary degree of M. D., to the Regents of the University; but a substitute was offered by Dr. Hamilton, which was adopted, after some debate.”

We would respectfully suggest, that instead of the title M. D., the proper title would be D. G. S.: Doctor of Gunpowder Surgery; or D. O. M.: Doctor of Old school Medicine, i. e., killing *secundum artem*.

Seriously, the sycophancy which could think of bestowing, upon a mere *successful soldier*, the title of *doctor of medicine*, because he has been elected to the Presidency of the United States, exhibits plainly the spirit of Old Hunkerism in medicine. We are very sure that no body of Medical Reformers would ever be guilty of such an absurdity. If we should ever be induced to bestow a medical diploma upon any individual, irrespective of his medical knowledge, we would select some one eminent in *saving*, not in *destroying* life—not a Taylor, a Scott, or a Jackson, but a Father Matthew, the Irish apostle of temperance; a Priessnitz, the pioneer of Hydropathy; a Miss Dix, the female Howard of America; or a Horace Wells, the discoverer of anodyne inhalations for the practice of surgery.

B.

PROSCRIPTION REBUKED.—We learn that at a meeting of the graduates of the Ohio Medical College, sometime since, at the old building on Sixth Street, sundry resolutions were adopted, by no means complimentary to the bigoted spirit of the school. It was recommended, that Hospital instruction should be free to pupils of all schools—that a large library should be established and thrown open to the whole medical profession, and that certain improvements (very much needed) should be made in the Faculty of the school. So we have been informed. By the way, it has been expected that Dr. Drake would be placed in the chair of Theory and Practice of Medicine.

B.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. L.]

JUNE, 1849.

[No. 6.]

Part 1.---Original Communications.

NATIONAL ECLECTIC MEDICAL CONVENTION.

MAY 15TH, 1849.

THE National Eclectic Medical Convention, met according to adjournment; the minutes of the last meeting were read and accepted. Dr. T. V. Morrow, resigned the office of President of the meeting, upon which Dr. I. J. Avery was unanimously elected, to fill the vacancy. Dr. H. P. Gatchell, and Dr. S. S. Cooke, were elected Vice Presidents, and Dr. J. King and Dr. L. E. Jones as Secretaries.

The Committee of Finance and Publication reported, which report was accepted and the Committee discharged. The Committees on Constitution and By-Laws, and on Medical Statistics were called upon, but were not ready to report.

Resolved, that all those who wish to participate in the doings of this Convention be requested to record their names at the close of this meeting.

Resolved, that any papers which may have been received for this Convention, be now read.

Dr. Buchanan read an address to the Convention, from Dr. P. C. Dolley, on the utility of physical examination in disease.

Dr. A. H. Willis was invited by resolution to address the Convention, but begged to be excused until the next meeting, which was received.

Dr. King delivered a discourse on Life, Health, and Disease, as being the result of electrical action. Upon which some remarks and inquiries were made by Drs. Hill, Morrow, Buchanan, and Powell.

Resolved, that a Committee of three on Publication and Finance be appointed by the chair. Drs. B. L. Hill, L. E. Jones, and J. King were appointed.

Dr. King called the attention of the Convention to "Lyman's Patent Health Preserver," as a valuable means of medication; and on which instrument, Drs. Buchanan and Wombaugh made some favorable remarks.

Resolved, That a committee of six be appointed by the chair, to take the subject of resolutions and making an address or addresses into consideration. Drs. Buchanan, Jones, Wombaugh, Powell, Hill, and Cooke were appointed.

Resolved, That we adjourn to nine o'clock to-morrow morning.

SECOND MEETING.

MAY 16TH, 1849.

The Convention met according to adjournment; minutes read and accepted.

The committee on Constitution and By-Laws reported; the report was accepted, and the Constitution as reported by them, with some slight amendments, adopted. (*See Constitution.*)

Resolved, That the committee on Constitution and By-Laws be instructed to insert as one of the By-Laws, an article, that all those persons who have signed their names as members to the present Convention, be constituted members of the Association under the new Constitution.

Resolved, That the committee on the Constitution and By-Laws continue and report a set of By-Laws for the Association, either at the present meeting or the next annual one.

Resolved, That the members of the Convention, who are present, be constituted members of the National Eclectic Medical Association.

Resolved, That the election of officers to the Association be the first business after the opening of the next meeting.

Resolved, That the President appoint a committee of five to nominate officers for the Association. Drs. Jones, Hill, Wombaugh, Merrill, and Chase, were appointed.

Resolved, That members who have recently had experience in its treatment, be requested to make some remarks on the treatment of the cholera.

Dr. Morrow, in pursuance of the invitation, stated that he had derived the most successful results from the use of emetics largely administered, as the saturated acetous tincture of Lobelia and Sanguinaria, with the spirituous sat. tinct. of Aralia Spinosa &c and to check the discharges and produce an action of the skin, Guaiacum, Cloves, Cinnamon, of each 31 to 1 quart brandy, of which, give 1, 2, 3, or 4 tablespoonfuls, as the case may require, in connection with the neutralizing cordial; together with the usual external means, as hot bricks, hot bags of salt, friction, &c.

Dr. Hill stated that he had found the best results in cholera, from the use of the sat. acetous tinct. of Lobelia and Sanguinaria

and *Ictodes Fœtida*, with a tincture of *Cypripedium*, and *Aralia Spinosa*, also a tea of *Cypripedium*, *Nepeta*, and berries of *Xanthoxylon*, not omitting active external stimulating applications.

Dr. Powell reported that in Memphis, the greatest success was derived from the use of a four grain dose, of equal parts of opium, camphor, kino, and acetate of lead—substituting tannin for the lead after a few doses of the former have been used; he also made some observations concerning the difficulty experienced by a manufacturer of sulphuric acid, not being able to make it during the cold plague, and the last cholera.

Dr. Oliver recommended hot water applied to the abdomen during the cramps—also observed, that if Dr. Powell's relation in reference to sulphuric acid was correct, it would be very useful to inhale an increased proportion of oxygen gas—he prepares it by adding to 1 oz. chlorate potassa, oxide of manganese 1 drachm, apply heat, let the gas pass through a leaden pipe to the receiver.

Dr. Buchanan doubted whether a deficiency of oxygen in the atmosphere could exist, and suggested that the cholera might be owing to electrical action of some kind, as well as the phenomenon mentioned by Dr. Powell.

Resolved, That the Convention adjourn to two o'clock, P. M.

THIRD MEETING.

Minutes read and accepted.

Committee on the nomination of officers reported, which was accepted, and the officers nominated by them unanimously chosen. (*See officers.*)

Committee on resolutions and addressess reported, and recommended a Special Committee to draft a suitable address to the citizens of the United States, and likewise reported the following resolutions, viz:

1. *Resolved*, That we regard it as one of the most important duties of the medical profession to investigate truth from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all.

2. *Resolved*. That we regard all combinations to proscribe and degrade any portion of the medical profession, merely on account a difference of opinion in matters of science, as a serious crime against the true interests of the profession, against the welfare of the community, and against the common rights of man.

3. *Resolved*, That it is incumbent upon all medical reformers to regard all members of the profession in a spirit of liberality and courtesy, to abstain from personal and disparaging remarks in reference to differences of doctrine, and to cultivate those amicable relations which admit of co-operation in the pursuit of truth.

4. *Resolved*, That the great struggle of the present day in medical science, is between the spirit of freedom on the one hand,

which is seeking boldly for truth in science,—and the spirit of conservative despotism on the other, which aims to perpetuate opinions by the force of organized combinations, and to discountenance or suppress every attempt at reform, whatever may be its merits or its source.

5. *Resolved*, That we regard all medical reformers who are struggling for the improvement and the freedom of the profession, as engaged in a holy cause, and that we regard it as the duty of all such, whatever may be their differences of opinion upon minor points, to unite in the most cordial manner, as the American colonies united in their struggle for freedom.

6. *Resolved*, That as the confederacy of the patriotic colonies which achieved the freedom of America, resulted in the establishment of a national union of independent States, forming a true republic, so we hope that the confederacy of medical reformers may not only achieve a revolution, but establish in the highest degree of freedom and harmony, the *confederated republic of medical science*.

The report was accepted, and the resolutions unanimously adopted.

Resolved, That the President appoint a committee of five to draft an address to the citizens of the United States, as coming from this Association.

Drs. J. R. Buchanan, J. King, B. L. Hill, R. S. Newton, and L. E. Jones were appointed.

Dr. A. H. Willis addressed the Association on the subject of masked ague, the intimate relation existing between it and the bilious, continued, and other forms of fever, and the treatment which he has found the most successful.

Dr. H. P. Gatchell, addressed the Association on the cause of intermittent and bilious diseases, and called their attention to the examination of temperature as a cause of disease.

Dr. T. V. Morrow addressed the Association on the recent shameful proceedings at Columbus, in relation to the Cincinnati Commercial Hospital bill.

Resolved, That this Association hold an extra meeting, in this Hall, on the first Monday in November, 1849, at 10, A. M.

Resolved, That the regular annual meeting of the National Eclectic Medical Association, be on the third Tuesday in the month of May of each year, at two o'clock, P. M.

Resolved, That Dr. Gatchell be requested to prepare a work on the merits of the Eclectic system of medical practice in contrast with Allopathy, for the use of Eclectic practitioners and all reformers.

Dr. Buchanan read a communication from Dr. W. T. Parker, on the Therapeutic action of Cinchona.

Resolved, That a committee of three be appointed by the Presi-

dent to attend to the immediate preparing and publication of a Manual of Pharmacy, to be recommended to Eclectic practitioners and druggists, by the Faculty of the Cincinnati Eclectic Medical College, and the officers of this Association.

Drs. J. King, E. A. Lodge, and Wm. S. Merrell were appointed.

Resolved, That the members of this Association will furnish all the assistance possible, in order to expedite the publication of the Manual of Pharmacy.

Resolved, That all Eclectic Medical practitioners be requested to forward to the Faculty of the Cincinnati Eclectic Medical Institute, for the columns of the Eclectic Medical Journal, a list of all new remedies, combinations, mode of using, &c., which they may know or have discovered; likewise to give a careful statement of all the symptoms of the disease or diseases in which such agents are used with benefit.

Resolved, That all Eclectic physicians be requested to forward to the various committees of this Association, on their different branches respectively, all cases and information that may be useful and interesting.

Resolved, That all Eclectic physicians be requested to forward to the committee on Medical statistics, the statistics of their practice during the past year; and up to the next meeting in November, 1849.

Resolved, That we adjourn.

T. V. MORROW, M. D., *President*,

J. KING, M. D.,
E. A. LODGE, M. D., } *Secretaries.*

CONSTITUTION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For the purpose of more rapidly extending the principles of Medical Reform, as set forth in the address of the first National Eclectic Medical Convention, as well as promoting the knowledge and dissemination of all improvements in medical science, and adopting all measures which may be considered necessary to forward the cause of Medical Reform, the members of this Convention adopt the following Constitution.

ARTICLE I.—This society shall be known by the name of the “National Eclectic Medical Association.”

ART. II.—This Association shall be governed by the usual parliamentary rules, and shall have the power of adopting such measures, rules, and by-laws as may be deemed necessary and proper.

ART. III.—The officers of this Association shall consist of a

President, two Vice Presidents, two Recording Secretaries, two Corresponding Secretaries, and a Treasurer, who shall perform the usual duties appertaining to their respective offices, and who shall constitute the Executive Committee of the Association, for the general management of its affairs, and for the transaction of all business not delegated to special committees. These officers shall be elected by ballot, annually, at the first regular meeting of the Association.

ART. IV.—There shall also be committees of three, each, on the following branches of Medical Science, viz: on Theory and Practice; on Surgery; on Obstetrics; on Materia Medica, Medical Botany and Pharmacy; on Physiology; on Chemistry; and on Medical Statistics, who shall be appointed annually by the President of this Association, and who shall receive from the members of this Association, and from all friends of Medical Reform, on their respective branches, all interesting cases, discoveries, improvements, suggestions, and other useful matter in relation to Medical Reform, and who shall annually report the same to this Association.

ART. V.—The Association shall meet and hold their meetings annually at such time and place as may be appointed by a majority of the members present at any regular yearly meeting.

ART. VI.—No alteration, amendment, or addition can be made to this Constitution, except by a majority of two thirds of the members present at any regular yearly meeting.

OFFICERS OF THE

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For 1849-50.

PRESIDENT,

T. V. MORROW, M. D., Cincinnati, Ohio.

VICE PRESIDENTS,

I. J. Avery, M. D., Reading, O.

S. H. Chase, M. D., Cincinnati, O.

RECORDING SECRETARIES,

J. King, M. D., Cincinnati, O.

E. A. Lodge, M. D., do.

CORRESPONDING SECRETARIES,

S. S. Cooke, M. D., Piqua, Miami Co. O.

B. L. Hill, M. D., Cincinnati, O.

TREASURER,

P. R. Wombough, M. D., Cincinnati, O.

COMMITTEES.

ON THEORY AND PRACTICE,

T. V. Morrow, M. D., Cincinnati, O.

I. J. Avery, M. D., Reading, O.

J. F. Merrill, M. D., Indianapolis, Ind.

ON SURGERY,

R. S. Newton, M. D., Cincinnati, O.

B. L. Hill, M. D., do. do.

Z. Freeman, M. D., do. do.

ON OBSTETRICS,

A. H. Baldrige, M. D., Cincinnati, O.

A. Brown, M. D., do. do.

A. H. Willis, M. D., do. do.

ON MATERIA MEDICA, MEDICAL BOTANY AND PHARMACY.

J. King, M. D., Cincinnati, O.

L. E. Jones, M. D., do. do.

J. F. Merrill, Indianapolis, Ind.

ON PHYSIOLOGY,

J. R. Buchanan, M. D., Cincinnati, O.

W. B. Powell, M. D., Memphis, Tenn.

H. P. Gatchell, M. D., Cincinnati, O.

ON CHEMISTRY,

J. H. Oliver, M. D., Cincinnati, O.

J. King, M. D., do. do.

P. C. Dolley, M. D., Elyria, O.

ON MEDICAL STATISTICS,

J. R. Buchanan, M. D., Cincinnati, O.

J. Borton, M. D., do. do.

I. Wilson, M. D., do. do.

ON PUBLICATION AND FINANCE,

B. L. Hill, M. D., Cincinnati, O.

L. E. Jones, M. D., do. do.

J. King, M. D., do. do.

ON CONSTITUTION AND BY-LAWS,

J. King, M. D.

B. L. Hill, M. D.

J. Borton, M. D.

TO DRAFT AN ADDRESS,

J. R. Buchanan, M. D.

J. King, M. D.

B. L. Hill, M. D.

R. S. Newton, M. D.

L. E. Jones, M. D.

TO PREPARE A MANUAL OF PHARMACY,

J. King, M. D.

E. A. Lodge, M. D.

Wm. S. Merrell.

It was anticipated by the friends of Medical Reform, in consequence of the numerous letters received, signifying the desires and intentions of the writers, that at least two hundred individuals from the various States of the Union would have been present at the Convention this year; but owing to the appearance of the cholera among us, and as we have been informed by letters, from the fears of the friends and relatives of Eclectic physicians, a great number of them kept away. However, with the small number who attended, the business proceeded pleasantly and harmoniously, and one great object was effected in the organization of a National Eclectic Medical Association. In order, however, that those who were prevented from attending this meeting, in consequence of cholera, may have an opportunity of presenting their reports, addresses, &c., it will be seen by the minutes that an extra meeting will be held in this city, on the first Monday in next November, and we invite all our friends to attend, and avail themselves of the opportunity which will thus be afforded to them. The members present at the second Convention were as follows:

<i>Names,</i>	<i>Residence.</i>	<i>Names.</i>	<i>Residence.</i>
T. V. Morrow,	Cincinnati, Ohio.	G. W. Read,	Pennsylvania.
Jas. H. Oliver,	do.	A. Kerr,	do.
P. K. Wombaugh,	do.	D. P. Wooster,	do.
J. A. Gordon,	do.	W. B. Powell,	Memphis, Tenn.
S. S. Cooke,	Piqua, O.	R. C. Raymond,	Pennsylvania.
L. Hubbell,	Russelville, O.	W. J. Wann,	Alabama.
A. W. Poor,	Bryantville, Ky.	P. N. Main,	Cincinnati, O.
Jesse Garretson,	Cincinnati, O.	G. W. Wallace,	do.
James Paxton,	Greensboro, Ind.	I. J. Avery,	Reading, O.
J. R. Buchanan,	Cincinnati, O.	C. B. Robbins,	
R. S. Newton,	do.	E. A. Lodge,	Cincinnati, O.
O. E. Newton,	do.	W. S. Merrell,	do.
J. King,	do.	A. H. Willis,	Ohio.
Jas. G. Hunt,	do.	J. F. Merrill,	Indianapolis, Ind.
E. S. Peabody,	Illinois.	Andrew F. Cory,	Indiana.
M. O. Wilber,	Ohio.	W. W. Walters,	Covington, Ky.
H. M. Robinson,	do.	A. Brown,	Cincinnati, O.
S. H. Doughty,	Brown Co. O.	B. F. Hatch,	Massachusetts.
H. P. Gatchell,	Cincinnati, O.	George Glick,	Ohio.
L. E. Jones,	do.	Joseph Milot,	do.
B. L. Hill,	do.	J. C. Bates,	Mississippi.
S. H. Chase,	do.	J. F. Baker,	Alabama.
A. M. Stayman,	do.	M. Kelly,	Indiana.

<i>Names.</i>	<i>Residence.</i>	<i>Names.</i>	<i>Residence.</i>
T. J. Wright,	do.	J. H. Stevens,	Ohio.
H. P. Norton,	do.	Francis Dody,	Jacksonburg, Ia.
O. D. Brooks,	Wisconsin.	Alex. Grier.	
H. C. Taylor,	New York.	W. H. Shepherd,	Maryland.

THERAPEUTIC ACTION OF CINCHONA.

BY W. T. PARKER, M. D.

To the philosopher and the philanthropist, a proper understanding of the laws of nature is an object of the greatest solicitude.

Every physician who loves his profession, the honor of science, and the well being of humanity, is often prompted to inquire into the therapeutic action of his remedies. Here opens a wide field of speculation which has been explored and surveyed into innumerable absurd theories, most of which have lived scarcely as long as their inventors.

A remedial agent of such extraordinary virtues as Cinchona, and one in so common use could not escape a scrutinizing investigation, but heretofore all discussion on this subject has resulted in the establishment of numerous contradictory theories.

How does Cinchona or its active principle Quinine arrest Intermittent fevers?

Perhaps the most generally received opinion on this subject is, that it acts as a tonic, and by this influence, raises the vital powers of the system so as to overcome the morbid influence of the miasmatic poison.

There is (as generally supposed) a *vis medicatrix naturæ*, that is always contending against disease. This renovating power is not always able to guard the constitution against injury, either from exhaustion of this power, or the greater intensity of the debilitating cause.

Those medicines denominated tonics are supposed to raise and support this power. Those who believe the preparations of Cinchona arrest intermittents by their tonic power, suppose, that by giving them, a short time previous to the expected paroxysm, they so raise the vital forces as to overcome the morbid impression.

It follows from this theory, that intermittents and all other fevers are the result of debility. An objection to this view is that those fevers in which the specific action of quinine is most beneficial, are not those in which debility is a prominent symptom.

If its action were chiefly or entirely tonic, we should expect its specific action would bear a constant proportion to the existing debility.

Typhoid and malignant fevers may be occasionally benefitted by its exhibition, but in such cases it is by no means a specific. It is in such fevers as are characterized by regular and well marked intermissions, and where the integrity of the physiological functions is little disturbed, that its action is most clearly manifested.

That it does, however, act to some extent as a tonic, is evidently true, for debilitated and anæmic constitutions are generally supported and strengthened by its administration; yet this tonic power is probably independent of its febrifuge influence.

Another theory antipodal to this is the notion that it acts as a sedative. In accordance with this idea, the paroxysm from its first inception is believed to be a condition of excitement, consequently by establishing sedation in the intermission, the excitement is prevented from rising. Opposed to this theory is the fact already mentioned of its giving strength to worn out and debilitated constitutions, also that it raises the pulse, and increases excitement.

Analogous to this view is that which considers it a narcotic and antispasmodic, suppressing the chill by preventing nervous excitement.

At the accession of a chill, the first change from a state of health is probably nervous excitement or irritation. It is well known that a full dose of opium given at the beginning of a chill will frequently cut it short, yet this is a very uncertain way of curing an ague.

If quinine is a narcotic, it must be a feeble one. If it arrests intermittents by inducing narcotism, we would naturally expect that the more powerful narcotics would prove the most efficient febrifuges, but this is far from being the case.

Again it is supposed that quinine cures fevers by neutralizing the miasmatic poison on which the fever depends, either by combining with it and thus rendering it inert, or by expelling it from the system. An objection to this theory is that the disease is exceedingly liable to return when arrested by this drug without suitable evacuation or other preparation of the system.

This indicates that the poison in such cases lies dormant in some part of the body, while the medicine renders the vital organs insensible to its presence, to again begin its work when this influence is exhausted.

A number of other explanations of the action of this medicine might be given, but there remains but one of importance, and this I conceive to be the true one.

Quinine arrests the progress of fevers by supercession; that is, by establishing an impression on the system that supercedes the action of the morbid agent.

It is a law of the vital economy that two strong impressions of a similar nature cannot exist in the system at the same time. The familiar fact that the virus of measles or small pox are incompatible, is a case in point.

The pathogenetic effect of quinine when given during the apyrexia is a state of excitement similar, almost identical with fever.

The symptoms of cinchonism or the constitutional effect of quinine are a feeling of tension and fulness of the epigastrium, acceleration and increased strength of the pulse, consequently a greater development of animal heat, a slight tremor of the nerves, slight pain in the head, ringing in the ears, and confusion of the intellect. These symptoms are very slight, unless a large portion of the medicine is taken, so slight indeed, that in some cases to be imperceptible. If the medicinal action were as disagreeable as the morbid action, nothing would be gained by the substitution.

In fevers of intermitting and remitting types, at the time of the apyrexia, the febrile action is almost suspended, then is the most appropriate time to set up a contracting influence.

It would follow from this theory that cinchonism, when perfectly established would break down the febrile action at any stage, even during the height of an exacerbation, and this is found to be the case. By administering an overwhelming dose during the fever, the pulse will soften, perspiration start forth, and all the prominent symptoms of fever disappear, while small doses of the same medicine would only increase the distress on account of its tonic and stimulant properties, without producing sufficient febrifuge effect to break down the fever.

This course of practice is one of great value in some of the malignant remittents of our western country. There are many such cases that will run almost without remission from eight to fourteen days, then assume a typhoid type, and terminate fatally if allowed to take their course.

In such cases, it is good practice to give a powerful cholagogue cathartic, and while the system is under its relaxing influence, to administer from ten to thirty grains of quinine, then follow with two grains every hour till the characteristic ringing in the ears is established.

— In this way violent cases of bilious fever may be cut short, which would in all probability have assumed a low form before a sufficient intermission would have been established for its gradual exhibition. In such a case, a medicine which acts solely by its tonic influence could not fail to heighten the sufferings of the patient.

We often exhibit quinine in such fevers without arresting them, but it is probably because we fail to bring the system under its specific influence.

If we attempt to reason on the *modus operandi* of this drug by analogy, we find ourselves in confusion. Those medicines which are most effectual in arresting intermittents, are found to range themselves under various heads in the *Materia Medica*. Even medicines whose properties are supposed to be opposite are found to be equally efficacious.

The fact is, that fevers may be arrested by several different methods; by the fulfilment of different indications.

They may be sometimes cured by tonics, as *Cornus Florida*, *Hydrastis*, *Apocynum*, *Quassia*, *Gentian*, *Lyriodendron*, *Prunus Virginiana*, *Ptelia Trifoliata*, *Cornus Sericea*, *Senega*, *Prussiate of Iron*, and many other medicines, acting by a tonic influence.

These are supposed to act by bracing the system so as to resist the morbid agency of malaria, or whatever may be the cause of these fevers. They are found to be most effectual in anæmic conditions of the constitution, and require to be exhibited at short intervals during the intermission.

Where there is a high sthenic diathesis, they may be arrested by sedatives, administered immediately before the accession of the paroxysm, such as *Digitalis*, *Lycopus Virginicus*, *Scutellaria Lateriflora*, *Hydrocyanic Acid*, *Tartarized Antimony*, *Lobelia*, *Podophyllum*, &c.

The pure stimulants are found to answer a good purpose in such intermittents as are characterized by the greater preponderance of the cold stage; and should be given in time to get their full influence established at the commencement of the chill. Among these may be mentioned *Capsicum*, *Brandy*, *Piperine*, *Ginger*, *Oil of Piper Nigrum*, *Essential Oils*, &c.

In connexion with these may be mentioned the production of perspiration. This effect is generally accelerated by the use of internal stimulants, and is a valuable auxilliary in the treatment of these fevers, as it doubtless assists in eliminating the poison from the system.

Narcotics have been used with partial success in these cases. The principal articles used are *Opium* and *Lupuline*, and other preparations of the hop. They should be given before the accession of the chill, so as to prevent the nervous disturbance which is its precursor. This method of arresting intermittents is exceedingly uncertain. So indeed are all those already mentioned. In cases which have almost expended their force, they act beneficially, but in the severer forms of intermitting, and more especially remitting fevers incident to the West, they are not to be depended on.

It is only on *Cinchona* and its preparations, or some agent acting in a similar manner, that reliance can be placed. The active principles of *Cornus Florida*, *Willow*, *Sulphate of Zinc*, and *Prussiate of Iron* are perhaps the nearest to being substitutes.

We want some agent that will supercede the miasm in its action on the economy, and hold it in abeyance till the natural recuperative powers of the system can gradually expel the poison.

It is proper here to advert to the popular prejudice against this drug. It is supposed to produce rheumatism, stiffness of the joints,

and dropsical effusions. My opinion is that this prejudice is unfounded.

Dropsical effusions are common after a long course of ague, especially if treated by mercury and arsenic, but are not more common after the use of quinine than where other remedies are employed.

As to its producing rheumatism, the idea has probably originated from the effects of mercury, which has usually been given in connexion with it. A mercurial rheumatism exists in nearly all the constitutions in this country that have suffered from the bilious diseases incident to our soil and climate.

Those who have an interest in blinding the eyes of the people to this cheap and convenient but dangerous remedy, have led the people to believe that quinine is the cause of their pains.

It has suffered like the dog Tray, who was unmercifully beaten for merely being found in bad company.

A single practical deduction of much value suggests itself from these reflections; that is, it is very important after the febrile movement is checked, that we should keep up the prophylactic impression by a continued use of the same means, at the same time using every effort to evacuate the poison. For this purpose it is well to use Beach's Restorative Bitters, to which should be added bark, in substance more or less, according to the existing predisposition to the disease.

BIRMINGHAM, O. May 4, 1849.

DR. SAPPINGTON ON QUININE AND CHOLERA.

ARROW ROCK, Saline Co., Mo. March 15, 1849.

Gentlemen :

Palsied as I now am in body and mind, I had hoped I should be a silent spectator, in future, to the passing events of the times, but from some remarks I saw not long since in a "Medical Journal," denouncing quinine as a remedial agent, even in the treatment of ague and fever, and attempting rather to turn it into ridicule, by some delusive astrological calculation of its recurrence with increased violence on the seventh, fourteenth, and twenty-first day after it had been checked, it has to some extent excited my feeble and dormant faculties, and has induced me to mention the character I always entertained of it. The gentleman seems to have forgotten that disease of that type not only more tenaciously obeys periodical laws than any other disease we are acquainted with, that once the concatenated circle becomes fixed and the system completely under its influence, that neither quinine or any other remedial agent that

we are now or probably ever will be acquainted with, notwithstanding it may have the power to arrest the disease, will not continue to impart to the system its wonted tone and healthy action. As further proof of this fact, persons residing in malarious districts, and having fully imbibed the disease, even their removal to the most elevated and healthy region does not generally prevent its recurrence for months, and sometimes the disease annoys them at times for a year or two.

I presume no man that has been, or that now is engaged in the practice of medicine, ever used the Peruvian bark and its preparations as long, to the same extent, or with as strict observations as I have, and I have never suspected that it injured the constitution either directly or indirectly, as many have supposed. I dissented from what is called the orthodox school of medicine, upwards of fifty years ago, principally because I found, or thought I found sudorifics, tonics and stimulants greatly more efficacious than was generally believed. This practice was condemned by the profession as empirical, but the practice sustained me, with growing reputation as long as I was able and willing to practice medicine. I have always been much more a practical than a theoretical physician, the greater part of my time having been spent by the bedside of the sick; and from my observation, I am induced to believe that quinine acts powerfully and favorably upon all of the secreting apparatus, especially upon those of secretion and excretion, and I am of opinion that it is the best alterative, tonic, antiseptic and febrifuge that I have used, or known used, in all stages of febrile disease, from the mildest form of Intermittent, to the most inveterate form of fever—for I consider fever a unit, having its origin and progress in debility, at least from the time the disease first develops itself. When some organs have increased action, others have a corresponding inactivity, hence, that article of medicine or treatment which will most speedily and effectually equalize the circulation, is the most appropriate remedy. Permit me to give other evidence of the salutary effects of quinine in the treatment of fever, to which thousands can testify. When I could ride no longer as a physician, and knowing from experience that the virtues of quinine had never been properly understood and appreciated by the profession, and knowing also that my publication of its virtues to them or to the public would be like singing psalms to dead horses, I determined to distribute it in disguise to the public, in the form of pills and a liquid. I therefore prepared and distributed upwards of two millions of boxes and vials in eight or nine years—each box or vial contained twenty four grains of quinine, one grain being the estimated dose for a grown person, to be taken in all fevers, and in all stages of them, and in no case did I recommend a puke or an active purgative, unless it was in the forming or first stage of the disease. As soon as the salutary effects of this medicine were

known, it sold like sweet cakes to starving men, and such was the demand for it for several years, that I laid in and sold from four to six hundred pounds of quinine per year, or until the publication of my treatise on fevers. And I am of opinion that, from the use of this medicine and the publication of my book, to a considerable extent the shameful abuse of Mercury, the *Lancet*, and some other pernicious articles have been arrested. Although I am partial to the use of quinine as a remedial agent, I wish by no means to be understood that there may not be many indigenous articles equally good, perhaps better. There is the *eupatorium perfoliatum*, or the thoroughwort, I know to be a pretty good substitute for quinine. There is another native plant called blackroot, which should be regarded as a substitute; but in my hands I have found nothing to equal quinine as a febrifuge. Opium has always been a favorite article with me, and I think I have done much good in the administration of it, nor do I believe that any bad effects ever resulted from its use in my hands. Mercury is certainly one of the most insidious poisons known, yet, if I was now a practitioner, for the want of a knowledge of a less dangerous and better article, I should have to use it in some few diseases. But as the professors of your school, and practitioners upon that plan confidently assert, and no doubt believe they have more efficacious and less dangerous articles than are generally used, and from the improvement you have made and are making in the physiology of the brain and nervous system, I would earnestly recommend every practitioner and student of medicine to take at least one course of lectures with you. Any individual not mentally and physically in bondage to the prevalent errors in medicine, law, morals, and religion, it appears to me must see the absolute necessity of reformation, and feel morally bound to contribute his part to this great work of renovation, either by mental labor or fiscal means, with a looking forward and upward to a much more liberal, charitable, and enlightened view of things; but let us not denounce or attempt to upset any theory or practice, until we are certain, from experience and observation, that we occupy more safe, rational, and consistent ground. You are at liberty to give this an insertion in your *Medical Journal* if you think proper.

Yours, very respectfully,

JNO. SAPPINGTON.

N. B. Since writing the above, I notice a more recent publication in your *Medical Journal*, of some very complimentary and salutary effects of quinine in the treatment of remittent and intermittent fevers, by Dr. J. Davy, Inspector General of Hospital, Barbadoes. I also notice in the same *Journal*, the treatment of Asiatic Cholera, by Dr. Hawthorne and others, in which I see no material difference from my own, as published to the world in my treatise on fevers in 1844. As you may not have met with that work, or overlooked this portion of it, with this letter I send you a

copy; and as my remarks on Cholera are very short, you can extract all, any part of it, or no part of it, as you may think proper. It is a matter of little consequence with me who gets the credit of starting the treatment on correct principles, so that the community gets the full benefit of it.

J. S.

EXTRACT FROM SAPPINGTON ON FEVERS.—“The general symptoms of Asiatic Cholera are for the most part uniform, that is, there is a sameness in the characteristic features of the disease, consequently the general indications of cure are pretty much the same, unless indeed, as happens in some cases and in some seasons, consecutive fevers supervene; but this never takes place until the cholera symptoms begin to subside.

“There are surely not many subjects upon which misguided education, or sectarian principles, or dogmas are more plainly and injuriously manifested, than in the theory and practice in the disease now under consideration.

“Asiatic cholera is unquestionably a disease from its commencement, and throughout its whole course entirely divested of what is called an inflammatory diathesis. On the contrary there is evidently a want of tonic action, which cannot be misunderstood by any unprejudiced mind, from the symptoms and circumstances attendant on it. The skin is cold, the arterial action extremely feeble, sometimes not even perceptible at the wrists; and to these signs of prostration and relaxation, may be added, life is running from the patient in sluices, by excessive discharges of chyle and serum, and from an inverted action of the absorbents of the stomach and bowels, and by profuse, cold, clammy sweats, from the whole surface of the body. The patient is, at the same time, prostrated by the most painful spasms.

“Yet, strange as it may appear, under all these circumstances, and signs of exhaustion, of a wasting disease, there are physicians to be found—men, too, who claim to be orthodox practitioners,—who advise free bleeding, active puking and purging; while others of high standing, not concurring in the practice of such marked depletion, recommend the sedative influence of cold drinks and ice water. It is recorded of some that they opened the jugular veins and temporal arteries of their patients; while others gave a pound of calomel in the course of forty-eight hours.—[See Eberle, vol. ii., page 558, on spasmodic cholera.] Here 4320 grains of the most insidious poison in the materia medica given to one patient in the course of twenty-four hours.

“We have known several of our western brethren who administered calomel in table-spoonful doses; that is, about six hundred and sixty grains to the dose.

AN ACCOUNT OF THE PERSONAL EXPERIENCE OF THE AUTHOR.

"In the summer of 1833, the first case of cholera occurred in my immediate neighborhood. The disease made its appearance on the opposite side of the Missouri river, in Howard county, eight or ten miles below my residence.

"No sooner was it ascertained that it was cholera, than the people fled to this side of the river, and encamped, panic-struck, as if an all-devouring demon had visited them. Dr. Penn and myself being the only physicians residing in this county at that time, they kept us most of the time with them; and we were, perhaps, as much alarmed as most of them: yet we encouraged them to be of good cheer, and not to be affrighted at what had happened.

"About this time, bowel-complaints were unusually prevalent in this neighborhood. Our neighbors soon took fright, and came to us, hourly, for medicine and advice. Those who had not actual bowel-complaints, imagined they had something that was worse. A general panic and consternation now overspread the land.

"We furnished them with laudanum and essence of peppermint; and, in case of an actual attack of cholera, informed them what to do, until one or the other of us should arrive. We also advised them to be cheerful; to follow their usual employments in moderation; to eat and drink as usual; except to be more sparing in the use of fresh meats, and raw and indigestible vegetables.

"As many of them were almost frightened into real cholera, had we done as some other physicians did—advise them to take to their beds, and commence the use of medicines,—many that were not sick, or who escaped the disease, in all probability would have taken it in reality.

"The first case of cholera that I met with, convinced me, that if the disease was within the reach of medical treatment, it must consist, exclusively, of that class of medicines called restoratives; or such things as would arrest the progress of waste, and promptly recall and sustain the natural tonic action. For this purpose I used large and repeated doses of laudanum; large and repeated draughts of strong, hot toddy; essence of peppermint, camphor, and red-pepper tea.

"I prescribed stimulating frictions to the skin, in preference to warm bathing, and advised the patients to keep their beds. When the stools were frequent, and accompanied with pain, I administered laudanum by injection. I directed a tea-spoonful of laudanum to the gill of starch, or gruel; to be repeated as occasion required.

"I have pointed out, in a summary way, what I conceive to be the indications of cure, and mentioned the remedies that I used to meet these indications with: I will now say something of their doses, and the circumstances under which they should be continued, moderated in their use, or entirely discontinued.

"Cholera, taken in the premonitory stage, is a mild and manageable disease; but requires vigilance and prudence to prevent it from running into confirmed cholera. These symptoms are a mild looseness, with indigestion, and attended with little or no pain; of longer or shorter duration. Commonly preceding an attack from one to three or four days. In this mild form, or stage of the disease, the patient should take from fifteen to twenty drops of laudanum, four or five times a day, to check, and to hold in check, this looseness of the bowels; they should, at the same time, be attentive to diet and to exercise, avoiding all imprudences and excesses.

"But sometimes the attacks come on more violently, without giving any previous notice; so that, in an hour or two, the patient is completely prostrated, and the disease assumes all its characteristic features—such as the rice-water, and the milk-and-water-like discharges, either from stomach and bowels, or both, accompanied with partial or general spasm. In all such cases, I gave from sixty to eighty drops of laudanum, with fifteen or twenty drops of essence of peppermint, in a good portion of strong toddy; or, if the peppermint was not at hand, in its place I used a teaspoonful of the tincture of camphor, or two or three tablespoonfuls of strong, red-pepper tea; sometimes, also, a tea-spoonful of the tincture of kino.

"It should be always borne in mind, that if the dose of medicine is cast up by puking, it should be repeated so soon as the stomach becomes a little settled; because little or no benefit could result from it, unless it is retained.

"It will not be considered an extravagant use of laudanum, or other articles, when it is recollected that a large portion of all the medicines taken run off by the bowels before they have time to act on the general system; and that when the evacuations are checked, that then we suspend the use of the remedies.

"In cases of locked-jaw, and in some other violent spasmodic affections, it is a common practice to give as large, and even much larger doses of laudanum, than I have recommended in cholera. In such cases, too, the medicines are all retained—not thrown off by the bowels—and it is the article mainly relied on to counteract the spasm.

"Laudanum is given in cholera not more with a view to allay the spasm and painful sensations, than to check the inordinate discharges from the stomach and bowels; the ultimate effect of which every medical man must know, however much he may be opposed to the practice of putting a sudden check to such discharges. The external frictions and injections, mentioned above, should be attended to as circumstances may require. With me, the first object is, to arrest the debilitating and exhausting discharges, and, at the same time, to allay pain, and to quiet and compose the general system. These objects accomplished, then much smaller doses of laudanum

should be given; but it should not be entirely discontinued. This treatment should be kept up for two or three days, so as to restrain all action of the bowels. While the quantity of laudanum and kino is lessened, the free use of the toddy should be continued until the patient is considered out of danger.

"So soon as all the violent symptoms have abated, and the system becomes composed, the patient should begin to take some very light diet, well seasoned—taking, however, but little at a time, and gradually increasing the quantity and changing the quality of the food to suit the strength of the patient. They should commence with such articles as tea, coffee, boiled milk, thickened milk, soups, and the like.

"Until the year 1835, I had not seen consecutive fevers succeed cholera. That season the cholera broke out at Arrow Rock, a small town situated on the Missouri river, in Saline county, five miles distant from my residence. In that place and its vicinity, sixteen or eighteen persons took it in its various degrees of intensity; and out of that number only one person died.

"Dr. Price had the management of most of those cases, and I am much pleased to state that his treatment was very similar to that of Dr. Penn and my own, in 1833.

"A few weeks after it appeared at Arrow Rock, it visited two families in my immediate neighborhood; a few scattered cases besides occurred, fifteen of which ran into confirmed cholera; and each case was followed by more or less of consecutive fever. In some instances the cholera symptoms had scarcely ceased when the fever made its appearance. I treated this fever with sulphate of quinine, in grain doses, every two or three hours, until there was a complete crisis, or solution of diseased action—at the same time continuing the toddy and the laudanum as circumstances seemed to require.

"Whether it was from good fortune or good treatment I know not, but my patients all recovered.

"I did not find it necessary to give cathartic medicines after treating my cases with opiates and astringents; for, after the lapse of three or four days, the bowels always took a regular and healthy action of themselves, and without the patient's feeling the slightest fulness or uneasiness of any kind; and should the bowels have failed to take on natural action in due time, I would have preferred the use of mild injections to any cathartic drugs.

"Strange as this practice may appear to many physicians, I am, nevertheless, confirmed in the belief of its correctness, not only from the success attending it in 1835, but also from the results of it in 1833, when Dr. Penn and myself attended 35 cases of regular and well marked cholera. Of this number only two proved fatal, both of which were far advanced in the disease before we saw them.

"The whole number of cases in the two years, that is, the two visitations of 1833 and 1835, were about 80 well marked cases; of this number we lost but three.

"The same year that the cholera raged here it also raged in St. Louis, and in other parts of the State, with its usual fatality—under the common treatment of bleeding, puking, and purging. It was in St. Louis, Palmyra, Boonville, Chariton, and other places in the State, and from the best information that I could obtain, at least three-fourths, if not more of the cases proved fatal. Unless it was owing to the treatment, why should it be so much more fatal in all other sections of the State, and every where else, than it was under the treatment which I here recommend?

"In my treatment of cholera I have never given one grain of calomel, or any other nauseating medicine. If any other mode of treatment has been more successful, I have not yet learned it. I know not from what cause cholera is produced, nor does it matter, in a practical point of view; be it what it may, I am decidedly of opinion that it should be treated with stimulants, opiates and astringents, throughout.

"Consecutive fever is like other fevers, only that it has its beginning under circumstances of greater exhaustion and functional derangement, and must therefore, require, necessarily, the use of tonics and stimulants from the commencement. These remedies have a tendency to correct fever, and to sustain exhausted and sinking nature.

"In conclusion, I will briefly state, that in 1833, the first year that I witnessed any cases of cholera, that as soon as the disease was evidently arrested, and warmth restored to the surface of the body, the patients all recovered more rapidly than in any other disease I had ever witnessed. They seemed to have nothing but extreme debility to overcome; while in 1835, nearly half the cases were followed by consecutive fever, and in some instances the fever appeared at least as dangerous as the cholera itself; and all recovered from the fever rather slowly, though not more so than in other low cases of fever."

NOTES BY THE WAYSIDE.

Messrs. Editors :

You know I am a friend to Reform, Moral, Social, Political, and why not Medical, especially, as in no department of the great movements of life is reform so much needed. Its importance is commensurate with the value of human life. If there is any rule to determine the value of the one, then indeed, can we determine the importance of the other.

I take it for granted that the practice of medicine in the main has been a *failure*, that it has not been based upon the constitution and nature of man, and hence unsuccessful: no doubt that thousands from barbarous and unscientific treatment have been hurried to an untimely grave, who, if *let alone*, or submitted to treatment in harmony with the laws of life, might have enjoyed the pleasures of a long life. I suppose the same obligation which requires us to be right in *one* thing, requires us to be right in *all* things, so far as our perceptions will enable us, and we have the *means* of knowing what the right is.

There is one infallible standard by which we may determine *positively*, the comparative amount of truth held by individuals, as well as parties, and it is as true in medicine as in morals. "By their fruits ye shall know them," is the great, universal standard, by which all, Jews, Infidels, and Christians, profess to be willing to be tested.

Tried by this standard, that class of physicians who make the highest pretensions to knowledge, and "oppose with earnestness" all who differ with them, as "abominable imitations of true science," as passing "spurious, ill-concocted, misshapen, abortive schemes of practice, which, conceived in ignorance or wrong headedness, brought forth in impudence or strong headedness, dry—fed by vanity or light headedness, and distended by the fumes of a fitful, popular breath, are strutting and vamping in professional apishness, as if truth smiled on their impostures, and science claimed their trickeries and shallow devices, tattered and made stale in the service of quackery." You see I had a glance at Professor Harrison's "Valedictory Address on the Sources and Benefits of Professional Earnestness," and he has succeeded most admirably. Undoubtedly he felt that the times demanded a manifestation, which would embody, with "earnestness," the opposition of the "Profession," to the development of any fact which would lead to a more harmonious and humane system of medication. Especially should the Doctor call to his aid all his powers of Oratory and Rhetoric, as the new truths in medical science have become so thoroughly inhaled by the "popular breath," and so greatly "distended;" and moreover, the people are so infected with "strong headedness," that they are concluding not to follow those whose "wrong headedness" has led them to submit to their "spurious, ill-concocted, misshapen, abortive schemes of Practice."

To be serious, Dr. Harrison's denunciations against those who differ with him, besides revealing a chafed and restless mind, full of party bias, possesses but little importance. I should think it a misfortune, for young men, at this stage of the world's progress, who are preparing themselves for great and good deeds, and who ought to go out into the world imbued with great and generous thoughts and feelings, imparting a warmth, and love, and power to

their intercourse with others, to have received many impressions from such a model. "Medical orthodoxy," like other old errors, is beginning to loose its hold on the affections of the people, and this whole tirade only arises from the felt necessity of "doing something" to check the advance of liberal principles. But it will all avail nothing. Such puff balls as Dr. Harrison's philippics "Delivered to the Graduates of the Medical College of Ohio," will be driven by the "fitful, popular breath" as chaff before the wind, and he will find that whenever he gives vent to such low, vulgar vituperation, that it will recoil upon himself with a severity which he will feel more keenly than those for whom he meant it.

The truth is, that those he ridicules feel as great an amount of pity for him, as he expresses of contempt for them.

Has he lived thus long, and learned no more of the philosophy of man? I know of a case of a young man, who went to the Ohio Medical College to attend lectures, well recommended, and was cordially received; he passed through the session, and near the close, paid his graduation fee, wrote and handed in his thesis, but a few days before the examination, he discovered a marked coldness among the professors, and met with contemptuous treatment from the students, and was finally told by one of the professors, that they could not examine him, or graduate him, as they had learned that before attending lectures he had been practising upon a system they did not approve of. The result was, that the young man, though *qualified*, could not pass an examination. Dr. Harrison seems determined to keep the old iron bedstead in use, though it has proved too short and too narrow for a full grown, well-developed man. I began with an intention to give a comparative view of the Allopathic and Eclectic systems of practice, but will defer it for another article. I am no Doctor, to be one of the "toiling millions" is my destiny, and I must feel a deep interest in all that relieves, exalts, and ennobles humanity.

Yours for Truth and Progress,

OBSERVER.

Part 2.---Selected.

MEDICAL POLITICS IN CINCINNATI.

OUTRAGE.—We desire to call the attention of the Board of Health, the City Council, and citizens in general, to what we consider a most reprehensible act, leaving a simple statement of the facts, without remark, to have what weight they deserve in a Christian community. We cannot trust ourself to explain our feelings, fearing we may say something improper. It is a grave subject, and it seems to us, worthy the attention of the authorities.

It is well known that the City Council, composed of men of all sects in religion, politics, medicine, &c.—when the cholera was approaching Cincinnati—organized a Board of Health, gave them \$1000 out of the city treasury, and a promise of more when needed, for the purpose of carrying out any sanitary measures which might be found necessary, also to provide a temporary refuge for the destitute or illy provided of our own citizens, and of those strangers who are sojourning with us, or might be cast upon our hospitality and Christian benevolence. The Council did not recognize or prescribe any system of medical practice under these arrangements, but as every member of the Board of Health, except two, is an old school, or calomel doctor, we suppose the Board of Health has prescribed one particular medical system, and proscribed all others, for cases coming under their care. Some days ago, the Board of Health rented a house on West Fourth street, for a Cholera Hospital, and provided suitable accommodations for patients, advertising these facts in the newspapers, inviting the use of the charity provided at the public expense, without any reservation or conditions.

On Saturday night last, a workman at Root's Stove Foundry on Pearl street, who sleeps on the premises, was taken with the cholera, and before any one called on Sunday morning, had had about sixty passages, and was rapidly sinking. Mr. Root immediately provided a conveyance, and had the patient carried to the City Hospital, he wanted house room and nursing only, saying he would provide his own physician at his own expense. He was refused admittance, was carried back to the foundry, sent for Dr. Burnham, a Homœopathic physician, who has stayed the progress of the disease, and is gradually restoring the patient.

There is something in this heartless conduct which brings to mind the fires of Smithfield, and the reign of "Bloody Mary"—a spirit, which shows a determination at any cost, at any sacrifice of the lives and reputation of dissentients from certain medical dogmas, to put down what a majority of men believe to be the truth, and are

willing to risk their lives upon. Unless you do as we say, you shall die as a dog in the streets, cut off from the charity provided for you by your public servants out of the general treasury.

We are authorized to refer to Mr. Root, stove dealer, east side of Main street, below Columbia, for the truth of the facts set forth above.

"Can such things overcome us like a summer cloud,
And not excite our special wonder!"—*Daily Times*.

ANOTHER MEDICAL HUMBUG.—We have already shown that the charity of the city, under the dispensation of the "Board of Health," has been refused to one citizen, because he would not swallow a medical dogma, and what the honest conviction of numerous intelligent minds consider highly injurious medicine. For this heterodoxy, the doors of the hospital, which the citizens opened to all, have been closed, and the Board undertake to say who shall and who shall not receive our charity. We learn, also, that this same exclusiveness is practiced at the Commercial Hospital and Lunatic Asylum, a practice which should be reformed without delay, in both institutions.

There is an ordinance of the city requiring physicians to report to the Board of Health, all cases of cholera; failing to do which, they are to be subjected to a penalty, upon conviction before the Mayor. The majority of the Board is composed of Allopathic or old school doctors, who have always declared that those who do not whistle through the same quill with them are *not* physicians, but that they are outside barbarians, quacks, empirics, humbugs, ignoramuses, demagogues, &c. The consequence was, that when the Simon Pures called on all *physicians* to report, a majority of the medical practitioners in the city were *non est*. Oh! say the regulars, eating their own words, you *are* physicians, we *do* recognize you as such, and for not obeying the mandate of the ordinance we'll give you law, emptying your pockets as well as blackening your reputation. Under this very reprehensible state of feeling, suits have been commenced before the Mayor against Drs. Pulte & Ehrman, Dr. Peck, and we don't know how many more, who are known to be good citizens, intelligent, scientific men, and successful practitioners, for taking the words and actions of the majority of the Board of Health, as representing their belief in good faith. It seems, however, the old school *does* recognise the "outsiders" as physicians, subject to the penalties of the law, if not to its protection. This is a curious blow hot and blow cold doctrine, and will hardly go down in this community.

Yesterday, Drs. Pulte and Ehrman were brought up to the bull ring, but the case was postponed, on account of the pre-engagement

of Messrs. Storer & Gwynne, counsel for defendants—so ended the first act of the humbug; but while the actors dance and the piper plays, who do you think, gentle reader, pays the score?

The case stands thus—Council gives \$1000 of the people's money for the purpose of establishing a Cholera Hospital—one is rented, and \$240 of the rent paid in advance. It is opened for citizens and strangers; Christian philanthropy and Christian charity know no distinction of sects in religion or medicine; a general invitation is given. *Hol every one that thirsteth, come ye to the waters. Hol every poor afflicted one, whether of our own household or strangers, come to the refuge from the scourge, that Catholic, Baptist, Presbyterian, Episcopalian, Methodist, Swedenborgian and Infidel—Allopathy, Hydropathic, Homœopathic, Eclectic, and no tic or path has provided—we be all brethren, children of a common FATHER—come and rest, and let the city, as a good Samaritan, minister to your necessities and your disease. That sounds first rate.* A workman in a foundry applies for admission, desires to partake of the city charity, wants house-room, a bed and a nurse—he will place himself under the care of a physician of his own choice, and at his own expense—no, “you can't come in”—he is taken back to his shanty—he is not of the same faith as a majority of the Board of Health. This man was a patient of that class of Doctors who are prosecuted at the *public* expense for not reporting. *Bonus, Melior, Optimus.—Daily Times.*

TO THE CITY COUNCIL AND BOARD OF HEALTH OF CINCINNATI.—The publication of proper statistics of cholera for the public information is a matter of great importance. The people have a right to know the truth, and the public interest demands that it shall not be suppressed. The object will no doubt be fully attained when the Board of Health has been reorganized so as to render it a suitable medium for the reports of *all classes of the profession.*

But when this desirable object is about to be attained, we find that an attempt is made to suppress the publication of true cholera statistics. It is urged that deaths only should be reported, without the cases. Why should we thus suppress or disguise the truth? Have not the people a right to receive correct information? What can be accomplished by suppressing the number of cases except a partial deception? If the object be to deceive the community, and prevent their knowing anything about the extent of the disease, let the Board of Health be abolished entirely. But, surely, if we undertake to give people correct information, we are bound to *give them honestly the whole truth*, as has been done heretofore in the United States and Europe.

It is urged by Dr. Drake that the publication of the deaths will

not create any alarm, but that the publication of *the cases that did not die*, may have a terrible effect in the way of keeping up a panic. I cannot perceive the force of this argument. It strikes me that the publication of cases successfully, as well as those unsuccessfully treated, would have a very fine influence in allaying the panic, and showing that there is really nothing in the epidemic to create any alarm. Heretofore it has been so common for one half of the persons attacked to die of medical treatment, that the advent of cholera is sure to create a panic. But if we can show, by the publication of all cases, that cholera, if properly treated, *is not a dangerous disease*, the effect will be to allay all fear. There is no excuse, therefore, for deceiving the public by suppressing the full statistics of cholera.

The publication of cases successfully treated enables all to judge of the value of the different methods of practice which have been adopted. This, the people are anxious to ascertain, and it is due to science, to humanity, and to the public welfare, that the results of cholera practice in Cincinnati, should be fully and faithfully recorded and published. The publication of deaths alone, deprives the public of the rich harvest of experience which is now gathering, and leaves the question of the fatality of the disease, and the best method of treatment untouched.

The publication of all the cases, including those successfully treated, can never raise a panic, *except among physicians*, who may be alarmed at the superior success of some system of practice, based, like Eclecticism, upon common sense and extensive experience, or like Homœopathy, upon independent scientific investigation. Yet, as a panic of this character could produce only beneficial results, I cannot perceive any sufficient reason for this extraordinary measure to deceive the people, and to protect the delicate nerves of hunkerism from contact with medical statistics. There have been so many authentic statistics heretofore covered up, disguised and smuggled out of sight of the people, that it is now incumbent upon our city authorities, if they wish to know the truth, to *compel the publication of all the facts*, no matter who may shrink from the record.

JOS. R. BUCHANAN.

[*Daily Times.*

BOARD OF HEALTH—PROCEEDINGS OF CITY COUNCIL.—Mr. Taft from the Special Committee on the subject of the reorganization of the Board of Health, submitted the following report, which was accepted.

The Select Committee to whom was referred the resolution of inquiry, as to the reorganization of the Board of Health, have had the same under consideration, and respectfully report that the present

members of the Board of Health were elected on the 30th July, A. D. 1847, with the exception of Dr. Dodge, who was elected on the 29th May, 1848, to fill the vacancy caused by the resignation of William Stephenson, and of John P. Foote who was elected on the 5th January, A. D. 1849, in the place of Dr. Muscroft, resigned. The term of their office is one year.

It is consequently incumbent upon the Council to renew the Board of Health by a fresh election. The resolution under which this committee were appointed, imposes upon them a delicate duty. The election of the Board of Health belongs to the Council. But this committee are called upon for an opinion, as to the rule or principle which shall guide the Council in making said election. The resolution suggests the inquiry whether non-professional men shall not be preferred for this service.

A majority of the present Board are members of the medical profession; and the committee would take occasion to say, that they are satisfied that the gentlemen now comprising that Board have discharged the duties of the office with intelligence and fidelity: that they are gentlemen of undoubted skill and capacity for the place; and that by their prompt attention to this branch of the public service, without fee or reward, they are entitled to the gratitude of their fellow citizens. The difficulties which encompass the Board of Health, are greater than is generally supposed.

These difficulties arise not only from the nature of the labors which devolve upon the Board, such as the selection of suitable hospitals for the sick, and making the necessary provisions for their accommodation, and attending to the various complaints against nuisances, but also from the peculiar jealousies which seem to belong to the medical profession. There exists, unhappily, different sects of physicians, between whom there is an impassable gulph fixed, which keeps them forever asunder. The different sects of religion are not so irreconcilable in their opposition to one another as are these opposing schools of the healing art. Their hostility is so extreme as to beget contempt for one-another. The Eclectic, in the eyes of the Regular school of physicians, is a *quack*; and the Homœopath, in the eyes of both the Eclectic and the Regular, is an *empiric*, while the Homœopath in turn, looks upon the Allopath as a bigot, irreclaimably joined to his idols. If, with the least of all doses, the Homœopath succeeds in effecting the greatest of cures, the Regulars cry out, like the Pharisees, "Give God the praise;" *these fellows are worse than "sinners,"* they are *Quacks*, and for Quackery there is no "remission."

The committee do not attribute this violent contention and strife among the medical faculty, to any natural bitterness in the minds of the members of that profession. But the physician has no public tribunal before which he can display evidence of his skill and learning, and be justly appreciated. The lawyer appears in public

before a court, and the bystanders, who will sooner or later give him something approaching to his true position. The clergyman, also performs his most important functions in public, and is heard and judged by all men. But the doctor exercises his skill in private, by the bedside, where no witness, competent to form a discriminating judgment of his merits, is present; and where he may gain a great deal more, or a great deal less, credit than he deserves, from causes and influences entirely foreign to his merits as a physician. The consequence is a struggle, not altogether of emulation, in the skill and science of medicine, but also to win to his aid those other causes, and influences, which serve materially to give him credit with the people, and lucrative business. And this struggle, founded as it is upon the great element of self-preservation which belongs alike to all men, is not confined to the individual members of the profession; but displays its power in dividing the profession itself into adverse parties, and perpetuates that division by uncompromising hostility.

The committee are of opinion that the City Council cannot, with propriety, assume to decide between these contending parties, by placing upon the Board of Health the disciples of any one medical faith to the exclusion of all the believers in every other.

The committee are informed that the gentlemen connected with, and representing these different schools of medicine are not without education; are instructed in the anatomy and structure of the human system; and in the nature of the various medicinal agents which have been found to cure disease. They are informed that the practitioners of the Eclectic faith are generally men educated and and graduated in what is termed the regular system of medicine; but who have introduced a variety in their practice which they assert is more successful than that which they had first learned. They have also now a separate school, under a charter granted by Legislative authority, where the science of medicine is taught according to the recent variety of their practice and *materia medica*. They are not, therefore, without diplomas, professors, lectures, books, precedent and authority; nor is their practice in the city inconsiderable or unsuccessful.

On the other hand, the Homœopathic physicians of our city are generally men of learning and intelligence, and have received medical diplomas from the regular schools, and have borne their part in the opposition to the system upon which they are now practicing. The Homœopathists also, at the present time, have their high places, their schools, professions, books and science, and they too have their diplomas, equally with the Eclectics, or their elder brethren of the regular school. Of the Hydropathic and the Thomsonian, or Botanic branches of the great family of Doctors, the committee are not able to speak; but it is sufficient to say, that they all claim to be governed by science and experience, and all

claim to have made important discoveries in the art of curing human diseases.

One of the three plans, it would seem, must be adopted by the Council. First, they must so organize the Board of Health, that there shall be but one medical opinion among its members; or secondly, they must let every school of medicine be represented in the Board by some one or more of its practitioners; or thirdly, they must let the Board be composed of intelligent, judicious, and public spirited men, *not* of the medical profession.

To each of these alternatives there is some objection. The first, is the course which has been adopted hitherto, and which, although it has resulted in giving the city the gratuitous services of a Board of able and intelligent men, whose disinterested exertions for the public health have laid the city under weighty obligations, has nevertheless, indicated on the part of the City Council, a preference of one school over another in medicine, and has consequently failed to give satisfaction to those who are not preferred, and their numerous and respectable friends.

The objection to the second proposition is, that a Board composed of the professors of different schools of medicine could not act with the harmony necessary to carry out the important objects of its creation. This will be pretty generally conceded, when it is considered what is the nature of the differences existing between these several classes of doctors. Each sect regards the theory and practice of each other sect as not only wrong and injurious, but absolutely absurd; and religiously believes that those who follow it, are either grossly *deluded* or *dishonest*. The pride of professional dignity has also raised up an impassable barrier between them, which bars even *personal intercourse*. With such implicit confidence in the correctness of his own theory, and in his own learning and experience, and such implicit distrust in, and contempt for, the theory, learning and practice of his antagonists, there is no ground on which the doctor of one faith and practice can meet and act with the doctor of another faith and practice. Hence it is more than probable, that the physicians themselves would not choose to serve on a Board composed of medical men belonging to these different and antagonistic schools.

Fortunately, however, the non-medical part of the community think much better of these several classes of doctors than *they* think of one another; and however much they may disparage one another, the world will nevertheless give them all credit for honest and honorable *purposes*; but will judge of their *skill*, and the *truth of their theories*, by the *results of their practice*. Those results will sooner or later make themselves known, in an intelligent community; and the less the government interferes with the judgment of the community on the subject, the more speedily will that judgment become correct.

No follower of a *true theory*, need to fear the largest liberty in matters of this sort; for, if the government does not officiously interpose its influence, those theories, founded in delusion and error, will run themselves out *by their practice*, while those, founded in truth, will as surely sustain themselves, by the same test.

To the third proposition there is one objection also, viz: a want of medical knowledge. If there was any way that could be devised to secure that knowledge in the present members of the Board, and to avoid the insuperable objections above referred to, the committee would recommend it. But they have not been able to discover any plan by which to accomplish so desirable an object. They have, therefore, come to the conclusion, that in future, while there exists, as they believe there does now exist, an earnest disposition in the public mind to encourage free inquiry in medicine, as well as in philosophy, religion, and politics, the city government, and every government, will be wise, to avoid where it can, patronizing one school, or one theory, to the disparagement of any other, and leave to the contending parties, an open and a fair field, in which to win the public confidence and favor, *by best curing those ills which human "flesh is heir to."*

The committee are of opinion also, that a Board of intelligent men will readily obviate all objections on the score of medical knowledge, by calling to their aid professional advisers, whenever it shall be found necessary.

They recommend, therefore, that the new Board of Health be constituted of gentlemen not of the medical profession.

ANDREW GIFFIN,
J. D. TAYLOR,
A. TAFT.

Cincinnati, May 25th, 1849.

The following resignation of the Board of Health was accepted:

CINCINNATI, May 25th, 1849.

To the City Council of the City of Cincinnati:

The undersigned, citizens of Cincinnati, appointed, from time to time, by your honorable body, to constitute a BOARD OF HEALTH, [the members of which, being nominally elected "to serve for one year, and *until their successors shall be appointed*," have usually been allowed to act for terms of two or three years' duration,] would respectfully represent that, from the opinion of the City Solicitor, herewith presented, the legality of their present organization is formally questioned. In view of this state of things, it may be the pleasure of your honorable body to organize a new Board of Health; or, to determine that such a Board is no longer necessary.

In the discharge of the arduous and unpleasant duties imposed on

them, the undersigned had a right to expect a general, and cordial co-operation of their fellow citizens; without which, their best efforts to accomplish the object of their appointment must prove ineffectual. As this expectation has been signally disappointed, they are left to infer that their ability, or judgment, has not been equal to their desire of being useful, and that, however well meant, their acts have not received that public countenance or support so essential to success. Under these circumstances, they feel constrained to retire from a position, the further occupation of which, appears to them at once inconsistent with self-respect, and the hope of any public advantage.

The undersigned, therefore, respectfully tender their resignations of the places assigned them in the Board of Health, and request that in the event of its reorganization, they may not again be called upon to act as members of that body.

We shall avail ourselves of any early opportunity to submit an account of our receipts and expenditures, and respectfully ask that the claims against the City, under the contracts of the Board of Health, may receive the early attention of the Council.

We are, very respectfully, your fellow citizens:

GEO. W. JONES,
PEYTON S. SYMMES,
LANDON C. RIVES, M. D.,
JOHN L. VATTIER, M. D.,
FREDERICK ROELKER, M. D.,
JNO. P. FOOTE,
J. S. DODGE, M. D.

The Council thereupon elected B. Storer, J. D. Taylor, E. D. Mansfield, J. Martin, H. Roedter, L. Fletcher, and Rev. Mr. Jewell, members of the Board of Health.

ETHICS OF THE ECLECTIC SCHOOL.

The foregoing inaccurate statements of the committee of the City Council, induced the Faculty of the Institute to send to that body the following statement of their position, which was read before the Council at their meeting June 1, 1849.

To the President and Members of the City Council of Cincinnati:

CINCINNATI, May 31, 1849.

GENTLEMEN:—In the official proceedings of your honorable body, as recently published, is found a report from a special committee, which describes the condition of the Medical profession in this city, and the parties into which it is divided.

The respectable and authentic source of this document, entitles it to much attention and confidence from the public, and renders it peculiarly important that it should be free from error as to the facts which it embodies for public information.

As one of the parties alluded to in the report, the Faculty of the Eclectic Medical Institute beg leave respectfully to suggest, that a very important error has been made in the description of the relation which they bear to other members of the Medical profession. The committee were doubtless actuated by a strong desire to do justice to all parties, yet appear to have been misled by erroneous information upon one of the most important points in the policy and principles of a medical party.

We do not object to the statements of the committee in general, for we know most of them to be strictly true and impartially just. It is true, as the committee affirm, that the three prominent medical parties of the city are composed of educated and respectable physicians. It is true, also, as the committee affirm, that the old school party have denounced Eclectics and Homœopathists as *quacks*, and that Homœopathy practitioners, have, in consequence, looked upon their old school opponents as *bigots*. But *it is not true* that the Eclectic party in medicine looks upon Homœopathists as *empirics*, or participates at all in that intolerance which the committee so justly condemn. The great characteristic of Eclecticism, which distinguishes it from other parties, is that we discard all *sectarianism in science*.

We do not denounce our old school opponents as quacks, because they adhere to what we deem unscientific methods of treatment. We merely ask that improvements in science shall have a courteous reception and a fair hearing; and that all parties shall be respected equally in the exercise of an independent judgment.

We deplore the divisions, the jealousies, and the party-spirit of the Medical profession; and we lay it down as a fundamental principle, that no physician should ever denounce or injure another for a mere difference of doctrine in matters of science.

Far from denouncing Homœopathy as empiricism, we look upon the science and its practitioners with sentiments of sincere respect. We have lectures upon the subject delivered in the Institute, and have contemplated the establishment of a permanent professorship of Homœopathic science.

We have doctrines that we deem important, and therapeutic and physiological knowledge peculiar to our school; but we deem it our duty to learn all that may be gleaned from either Homœopathic or Allopathic sources, and to extend professional courtesies to gentlemen of all creeds in medicine who do not conspire against the freedom of investigation, and who do not themselves violate the usual courtesies of social life.

We do not acknowledge that we entertain any of those feelings of

irreconcilable hostility against practitioners of other parties, which the committee suppose to be common in the profession of medicine; nor do we feel any aversion to co-operating with intelligent and respectable members of the profession of any creed whatever. On the contrary, it is the express design of the Eclectic party, to suppress every species of medical intolerance, and to forward those great improvements in medical science which have heretofore been discouraged and limited in their utility by the influence of party spirit, intolerance and bigotry. We wish to establish such a degree of medical freedom, that the results of experience may have due weight against old dogmas, and that when one method of treatment proves ten times as successful as another, all may feel free to embrace it at once. We desire the fullest and freest investigation, not only of the cholera practice of this city, but of the results of all medical systems, believing, with the committee, that they should stand or fall, not by authority, but by the results which they produce in saving human life and health.

However freely the prominent members of the old school party may denounce Homœopathists as quacks—as dishonest, deluded or knavish, we should regard it as derogatory to our professional character to affirm that we participate in any such crusade against science, or that we look with contempt upon all beyond the limits of our own professional circle. We therefore deem it important thus to define our position before the authorities of our city, and to rectify the error which has found its way into an official document.

By order of the Faculty,

T. V. MORROW, Dean.

From the Cleveland Herald.

NEWLY DISCOVERED CURE FOR CHOLERA.

Dr. Bird, of Chicago, has discovered a specific cure for cholera. It is simple and cheap, and said to be effective in the more advanced, as well as recent cases. Drs. Herrick and Blaney, Professors of the Chicago Medical College, and four other physicians, are said to be using it with perfect success, and, as far as tested, astonishing results have been experienced, even in the worst stages of collapse.

Simple as are the specifics used in combating this scourge, its efficacy was only arrived at after careful chemical analysis of atmospheric air. The annexed letter will give our readers the minutæ of the discovery. We take it from the Chicago Journal, which paper says that "the excitement caused by the discovery has been heightened by the success it has met with, in cases where almost every citizen has witnessed or experienced its effects, in the premonitory symptoms of the cholera."

Dear Sir:—In compliance with the wishes of my friend, Dr. J. H. Bird, I have made the following brief synopsis of a letter from him, sent to me for publication in the North Western Medical and Surgical Journal, which, together with the few additional remarks which I have made, you will please publish, in order that the medical profession, and the public generally, may have the means of testing, and the benefits to be derived from what is supposed to be a newly discovered remedy for the cholera.

The facts stated in the letter referred to above, are briefly as follows:

About six months since, Dr. Bird and myself were led into a conversation on the effects of atmospheric influences in producing epidemics, from reading an article from a German chemist in one of our periodicals, in which it was contended that influenza depended upon the presence of *ozone*, and that the severity and number of attacks, as shown by chemical analysis, were always in proportion to the amount of this substance in the atmosphere. Taking this statement in connection with the fact that cholera is generally preceded by influenza, as shown by its history, we were led to the conclusion that both diseases might be dependant upon the same influence, modified in degree according to the greater or less quantity of this deleterious agent present in the atmosphere at the time. The next step in the investigation was to determine what agent would counteract the influence, and destroy the deleterious properties of *ozone*. The accurate chemical knowledge of Dr. B. enabled him to suggest at once the well known substance of sulphur, as possessing the property of acting upon it in such a manner as to neutralize its influence.

In searching for facts to support this conclusion, it was found that cholera had never prevailed in the vicinity of sulphur springs, or in situations where this substance abounds; hence the conclusion that sulphur might be, and probably was the antidote for cholera.

In one of our recent Medical Journals, an article appeared describing the manner of detecting *ozone* in the atmosphere, thus supplying the means of determining whether or not it was present at the very time the cholera was beginning to make its appearance amongst us.

Dr. Bird's experiments, as well as those made subsequently by himself, and by Drs. Bird, Blaney and myself, from day to day, since that time, show that *ozone* is present in our atmosphere, and that the amount is in proportion to the severity of the disease from time to time. About a week since, Dr. Bird determined to try the effects of sulphur upon himself and others, troubled as nearly all have been more or less of late, with uneasy sensations, slight pains, &c., in the digestive organs. The result was entirely satisfactory, so much so, that Dr. Bird came immediately to my office, and requested me as a friend to test its efficacy in my practice, but to

say nothing to others in regard to the ingredients used, until facts should justify its public announcement as a discovery. The beneficial effect resulting from its use in my practice, was such as to convince me at once of its utility in the class of cases described above. During the last few days, Drs. Bird, Blaney and myself have continued to use this apparently simple remedy, to the exclusion of nearly all others, in all cases with cholera symptoms. The result has been wonderful. All the premonitory symptoms, such as pain, a sense of fulness, unnatural movements, slight diarrhoea, &c., have uniformly yielded at once to a single dose of three to four grains of sulphur.

In cases where either cramps, diarrhoea, or vomiting have been present, and in fact where all these symptoms have existed in conjunction, the use of sulphur, in the above named doses every three or four hours, has had the effect to ameliorate the patient's condition, at once, and when used in a few hours, *to dissipate entirely choleric symptoms.*

So far as its efficacy has been tested in the worst stages of collapse, most satisfactory results have been obtained. In two or three cases of the kind, the effect of the remedy has been to bring back pulse to the wrist, restore warmth to the surface, and stop the profuse diarrhoea and vomiting. In truth, the results obtained so far, have been such as to convince all of us, who have administered it, and witnessed its effects, that if any remedy deserves the appellation, this is the specific for cholera.

It having been determined to make this public statement, it is expected in return that no hasty conclusions will be made, either for or against what appears to be a proposition to accomplish much by very simple means.

Although the results, so far as obtained, in a short time, and by a few individuals, seem to justify our conclusions, it is hoped that physicians will continue to depend on what they consider the most efficient practice, in bad cases of cholera, until they shall have tested the matter themselves, and formed their own conclusions; and also, that whatever may be the confidence of individuals in this or any other remedies, they will not depend upon their own judgment in any case, even of slight symptoms, whenever it is possible to consult their physicians.

It is suggested by Dr. Bird, that a combination of powdered charcoal, one part to four of sulphur, has seemed to make the remedy more efficient.

W. B. HERRICK,

Ed. N. W. Med. and Surg. Jour.

A medical friend in this city, to whom we submitted the letter of Dr. Herrick, has favored us with the following translation of an article on Ozone, from *Heul's Zeitschrift*, vol. 7, part 1.

OZONE is formed in the air by the decomposition of its water through disturbances of its electrical equilibrium; hence the peculiar

pungent sulphurous and phosphoric odor. The nature and composition as yet remains uncertain. Sulphuric and probably also telluric and selenic acids, and phosphoric acid, destroy it. A very small proportion of the vapors of ether or alcohol, or of olefiant gas will also prevent its development.

Its best test is iodide of potassium, which will detect its presence in infinitely small quantities, in the air. A piece of paper moistened with a mixture of starch, and solution of iodide of potassium forms an *ozonometer* far exceeding in delicacy the most accurate galvanometer or most sensitive nose. The smallest quantity of free *Ozone*, (even only in the proportion of a hundred thousandth) when neither galvanometer nor eudiometer shows any change in the air, will be rendered manifest by the discoloration produced by the free iodine.

As the presence of *Ozone* in the air is due to its electrical decomposition, it is necessarily influenced by its electrical tension.

If the prevalence of influenza and cholera be owing to *Ozone*, the vapors of sulphur, or sulphurous gases, must be protective against it. This is confirmed by, while it explains the immunity of, those engaged in, or leaving near sulphur-works.—*Cin. Gazette*.

The Eclectic practitioners of this city have little need of the sulphur remedy, as they have already demonstrated that their resources are ample. Nevertheless, in accordance with our principles, the new remedy will be fairly tested, and it may be remarked that partial trials already present favorable results. Justice, however, requires us to state, that an Eclectic practitioner of this city is entitled to the credit of discovering the value of sulphur prior to Dr. Bird's publication. Dr. J. King, in accordance with his views of the disease, has prescribed a combination of sulphur, charcoal, and soda, with success. His name is familiar to our readers.

B.

Part 3.---Editorial.

LECTURE ON THE PRACTICAL MANAGEMENT OF SPASMODIC CHOLERA, *Delivered to the class of the Eclectic Medical Institute, by T. V. Morrow, M. D.*

Agreeably to promise, I will now proceed to detail some of the most interesting facts, which have come under my notice during the month which is now about closing, which have been gathered in a very extensive experience in the treatment of spasmodic cholera.

As a professor in a liberal, progressive Medical College, it will be my duty, as well as my pride and pleasure, at all times, to communicate to you and others, who may resort hither for the completion of their medical education, all the information which may come into my possession touching the treatment of all the various diseases incident to humanity; more especially the successful plans of management which have enabled us to encounter the ravages of that terrific scourge of the human family, which has been doing its work of death among our fellow citizens, for the last four weeks, with so signal a degree of success.

Without attempting anything like a detailed and accurate statement in reference to the history, causes, nature, and character of the disease in question, I will only attempt to give you an outline of the treatment I have found most useful in the various stages, and under the different circumstances of its attack.

It might be proper to premise by saying that, so far as it has been noticed in this city, since it has commenced prevailing as an epidemic, it has not exhibited that uniformity in the character of its symptoms which has been ascribed to it in many other places.

It is true that a very large majority of the cases were marked by diarrhoea, nausea and vomiting, and a general prostration of strength, as among the early symptoms present. But some of them were not ushered in by this train of symptoms at all. One of the very worst cases which came under my notice, had neither diarrhoea, nausea nor vomiting as early symptoms of his attack. Nor was he affected with diarrhoea at any period of his attack whatever, but the first

indications which he noticed, were a slight spasmodic twitch in the gastrnemii muscles, and very soon thereafter a violent prostration of strength, with much oppression of the heart and region about the stomach, with strong spasms of the thoracic and abdominal muscles; insomuch as it became very difficult for him to breathe at all, and the circulation was suddenly and violently arrested in its force, and a very alarming condition was speedily produced.

Other cases commenced with violent and very uncontrollable vomiting and purging, without much, if any, disposition to spasms at any period of the attack, and thus passed on to a speedy prostration of the vital energies of the system.

Again there were others which were characterized by the most profuse diarrhoeal discharges, with speedy and alarming exhaustion of strength, one or two of such cases actually passing into the collapsed stage, without either vomiting or spasms.

Such were a few of the various modes in which this disease assailed its victims, as it came under my own observation. Many other attacks commenced with symptoms still different, and pursued a course, in many respects, after their own fashion.

No symptom, so far as I had an opportunity of making observations, was more uniformly present than that peculiar prostration of the vital energies, which is so eminently characteristic of spasmodic cholera. I do not remember to have seen a single instance in which this symptom was not present to a greater or less extent, and exercised more or less influence on the general course of the disease; it seemed to exist even independent of the exhausting influence of profuse evacuation, for it was not unfrequently observed to be the very first intimation that the patient had of his attack.

Connected with the prostration spoken of were all the peculiar evidences of a languid, labored, and oppressed circulation, the pulse in very many cases appeared to be slower than common, with an extremely languid, dull, and heavy expression of the countenance.

The treatment pursued in each individual case, was regulated by the condition of the patient at the time of being called. In a very large majority of the cases that came under my notice, the patients were affected with diarrhoea, great prostration of strength, nausea, and vomiting, with slight spasms. In the early periods of such cases, the patient was directed to get in bed, if he or she had not

already done so, and was directed to take freely of the neutralizing cordial preparation, composed of equal parts of Rhubarb Root, pulverized Saleratus, and Peppermint plant, powdered, one pint of boiling water being added to half an ounce of this compound. After simmering it for half an hour, it was well sweetened with white sugar, and strained, and when nearly cold, two or three table spoonsful of good French Brandy were added, and the patient was directed to take this warm, every fifteen or twenty minutes, in doses of two table spoonsful, in connection with a preparation, made by adding one ounce each of pulverized Cinnamon, Cloves, and gum Guaiacum, to one quart of good French Brandy, in doses of from two tea spoonsful to a table spoonful every twenty minutes, to an adult, placing immediately around the body of the patient, hot bottles of water, hot bricks, or stones, and covering the patient well in bed with a suitable quantity of warm clothing. This course will soon produce a warm, copious, perspiration, which should be continued for six or eight hours at least, and if the case is a severe one, a moderate moisture of the skin should be kept up for a longer period.

This course usually puts an effectual quietus on the nausea, vomiting, and diarrhoea.

This plan of management is nearly positively certain of success if properly carried out in every case, in the earlier stages of its progress, and as a general rule, there is but little difficulty in carrying it into the desired extent of operation, in the fulfilment of the great indications for which it is intended.

In those cases, however, which were marked by strong spasms and violent vomiting and purging, from the commencement, and which had not already passed into the stage of collapse, or if this train of symptoms was present at the time of seeing the patient, whether the attack commenced with them or not, I usually commenced the treatment with an emetic of the following compound: Take of the saturated acetous tincture of *Sanguinaria Canadensis*, of *Lobelia Inflata*, tinctured in the same manner, in vinegar, and spirituous tincture of the *Aralia Spinosa*, (Southern Prickly Ash,) equal parts, and give it in doses of from one to two table spoonsful or more, mixed in a little warm water, or hot tea, sweetened, every ten minutes till it vomits the patient freely five or six times. This, in all cases, seemed to exert a powerful controlling influence over

the subsequent course of the symptoms of the numerous cases in which it was used. Perspiration was much more readily induced, and continued without the necessity of using a course of measures so efficient as those first indicated, or rather the same, less vigorously applied.

A preparation composed of equal parts of the oils of *Peppermint*, *Cloves*, *Anise* and *Cajeput* with a quantity of alcohol, equal to one half or a little more than one half of this mixture of the oils, to cut them, and allow them to mix intimately, was found to possess a high degree of value in the treatment of severe cases of cholera. This I understand was a favorite remedy in the treatment of this disease in 1832, and was extensively used by the late Dr. Anthony Hunn, a celebrated Medical Reformer, of Kentucky, and is still known by the name of "Hunn's Life Drops," in some parts of the country. In several very severe cases, this compound manifested great controlling powers, in doses of from one tea spoonful to a table spoonful every 15 or 20 minutes, mixed with a half a glass full of hot brandy sling. In one case in which the patient was in violent spasms, in all the flexor muscles of the body, with the thighs drawn up against the abdomen, and the legs against the thighs, the neck and head forward on the breast, with a violent state of contraction of the abdominal muscles, two tea spoonsful of this compound were given with apparently but little effect, but this was followed in ten minutes by a table spoonful, which soon effected the desired relaxation, and relieved the patient. He described the influence as very powerful, and penetrating even to the extremities of his toes and fingers. This powerfully concentrated medical compound manifested very superior powers in those cases in which the patient was rapidly approaching the state of collapse, or even in the earlier periods of that stage, accompanied at the same time with obstinate nausea and vomiting, as well as profuse rice water discharges from the bowels. In several cases, after the relief of the spasms, nausea, and vomiting, an obstinate and moderately profuse diarrhoea still continued, one half to a tea spoonful of this preparation was given with complete success.

There were several cases of this complaint, in which, after vomiting, cramps and pains were all relieved, the patient was annoyed with a frequent desire to have a discharge, but could only pass a little slimy mucus, similar to the discharges in dysentery. From ten to

fifteen drops were given every hour, with almost invariable success in cases of this kind.

In one or two of the cases of collapse which were treated by me, I found the sudorific tincture a most invaluable medicine, given in doses of one tea spoonful every fifteen or twenty minutes, in a little hot catnip or peppermint tea. It quieted the deep seated nausea and distress, and restored the lost circulation with singular energy and promptitude.

The application of blankets over the whole body as hot as could be handled after dipping them in boiling hot water, was found to exert a most beneficial influence. The rule adopted in reference to their use, was to wring them partially dry after immersing them in the water, and then apply them by wrapping them around the patient's entire body, leaving the head and neck free, and covering him over with dry bed clothing, and allow them to remain usually fifteen or twenty minutes, when they should be taken off, and new hot blankets applied as at first. Reaction and a copious perspiration generally took place in the course of an hour or two after commencing these applications, especially when aided by the use of proper internal stimulants, antispasmodics and sudorifics.

The extract of the *plantago cordata* also manifested powers of no inconsiderable value, when given in the form of pills of two grains or more at a dose, and repeated in the course of an hour, in common cases not marked with symptoms of unusual severity, for the purpose of quieting the nausea and vomiting, and arresting the diarrhœa. The results which have been consequent on the course of practice above indicated, have been highly satisfactory and encouraging.

Since the commencement of this month up to the present time, myself and Dr. Hunt have treated about one hundred and fifteen or twenty cases of cholera, and about eighty or ninety cases of cholerine, making in all about two hundred cases, with the loss of but one single patient, a gentleman who was previously in a state of considerable debility, from the influence of dyspepsia and hepatic torpor, and who had been for several days under the influence of the disease, and who, at the time of our being called, was in a hopeless state of collapse. In addition to this, two other Eclectic practitioners, Drs. Borton and Hill, have reported already sixty four cases of spasmodic cholera, and sixty five cases of cholerine, treated in

The respectable and authentic source of this document, entitles it to much attention and confidence from the public, and renders it peculiarly important that it should be free from error as to the facts which it embodies for public information.

As one of the parties alluded to in the report, the Faculty of the Eclectic Medical Institute beg leave respectfully to suggest, that a very important error has been made in the description of the relation which they bear to other members of the Medical profession. The committee were doubtless actuated by a strong desire to do justice to all parties, yet appear to have been misled by erroneous information upon one of the most important points in the policy and principles of a medical party.

We do not object to the statements of the committee in general, for we know most of them to be strictly true and impartially just. It is true, as the committee affirm, that the three prominent medical parties of the city are composed of educated and respectable physicians. It is true, also, as the committee affirm, that the old school party have denounced Eclectics and Homœopathists as *quacks*, and that Homœopathy practitioners, have, in consequence, looked upon their old school opponents as *bigots*. But *it is not true* that the Eclectic party in medicine looks upon Homœopathists as *empirics*, or participates at all in that intolerance which the committee so justly condemn. The great characteristic of Eclecticism, which distinguishes it from other parties, is that we discard all *sectarianism in science*.

We do not denounce our old school opponents as quacks, because they adhere to what we deem unscientific methods of treatment. We merely ask that improvements in science shall have a courteous reception and a fair hearing; and that all parties shall be respected equally in the exercise of an independent judgment.

We deplore the divisions, the jealousies, and the party-spirit of the Medical profession; and we lay it down as a fundamental principle, that no physician should ever denounce or injure another for a mere difference of doctrine in matters of science.

Far from denouncing Homœopathy as empiricism, we look upon the science and its practitioners with sentiments of sincere respect. We have lectures upon the subject delivered in the Institute, and have contemplated the establishment of a permanent professorship of Homœopathic science.

We have doctrines that we deem important, and therapeutic and physiological knowledge peculiar to our school; but we deem it our duty to learn all that may be gleaned from either Homœopathic or Allopathic sources, and to extend professional courtesies to gentlemen of all creeds in medicine who do not conspire against the freedom of investigation, and who do not themselves violate the usual courtesies of social life.

We do not acknowledge that we entertain any of those feelings of

irreconcilable hostility against practitioners of other parties, which the committee suppose to be common in the profession of medicine; nor do we feel any aversion to co-operating with intelligent and respectable members of the profession of any creed whatever. On the contrary, it is the express design of the Eclectic party, to suppress every species of medical intolerance, and to forward those great improvements in medical science which have heretofore been discouraged and limited in their utility by the influence of party spirit, intolerance and bigotry. We wish to establish such a degree of medical freedom, that the results of experience may have due weight against old dogmas, and that when one method of treatment proves ten times as successful as another, all may feel free to embrace it at once. We desire the fullest and freest investigation, not only of the cholera practice of this city, but of the results of all medical systems, believing, with the committee, that they should stand or fall, not by authority, but by the results which they produce in saving human life and health.

However freely the prominent members of the old school party may denounce Homœopathists as quacks—as dishonest, deluded or knavish, we should regard it as derogatory to our professional character to affirm that we participate in any such crusade against science, or that we look with contempt upon all beyond the limits of our own professional circle. We therefore deem it important thus to define our position before the authorities of our city, and to rectify the error which has found its way into an official document.

By order of the Faculty,

T. V. MORROW, Dean.

From the Cleveland Herald.

NEWLY DISCOVERED CURE FOR CHOLERA.

Dr. Bird, of Chicago, has discovered a specific cure for cholera. It is simple and cheap, and said to be effective in the more advanced, as well as recent cases. Drs. Herrick and Blaney, Professors of the Chicago Medical College, and four other physicians, are said to be using it with perfect success, and, as far as tested, astonishing results have been experienced, even in the worst stages of collapse.

Simple as are the specifics used in combating this scourge, its efficacy was only arrived at after careful chemical analysis of atmospheric air. The annexed letter will give our readers the minutæ of the discovery. We take it from the Chicago Journal, which paper says that "the excitement caused by the discovery has been heightened by the success it has met with, in cases where almost every citizen has witnessed or experienced its effects, in the premonitory symptoms of the cholera."

Dear Sir:—In compliance with the wishes of my friend, Dr. J. H. Bird, I have made the following brief synopsis of a letter from him, sent to me for publication in the North Western Medical and Surgical Journal, which, together with the few additional remarks which I have made, you will please publish, in order that the medical profession, and the public generally, may have the means of testing, and the benefits to be derived from what is supposed to be a newly discovered remedy for the cholera.

The facts stated in the letter referred to above, are briefly as follows:

About six months since, Dr. Bird and myself were led into a conversation on the effects of atmospheric influences in producing epidemics, from reading an article from a German chemist in one of our periodicals, in which it was contended that influenza depended upon the presence of *ozone*, and that the severity and number of attacks, as shown by chemical analysis, were always in proportion to the amount of this substance in the atmosphere. Taking this statement in connection with the fact that cholera is generally preceded by influenza, as shown by its history, we were led to the conclusion that both diseases might be dependant upon the same influence, modified in degree according to the greater or less quantity of this deleterious agent present in the atmosphere at the time. The next step in the investigation was to determine what agent would counteract the influence, and destroy the deleterious properties of *ozone*. The accurate chemical knowledge of Dr. B. enabled him to suggest at once the well known substance of sulphur, as possessing the property of acting upon it in such a manner as to neutralize its influence.

In searching for facts to support this conclusion, it was found that cholera had never prevailed in the vicinity of sulphur springs, or in situations where this substance abounds; hence the conclusion that sulphur might be, and probably was the antidote for cholera.

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say nothing to others in regard to the ingredients used, until facts should justify its public announcement as a discovery. The beneficial effect resulting from its use in my practice, was such as to convince me at once of its utility in the class of cases described above. During the last few days, Drs. Bird, Blaney and myself have continued to use this apparently simple remedy, to the exclusion of nearly all others, in all cases with cholera symptoms. The result has been wonderful. All the premonitory symptoms, such as pain, a sense of fulness, unnatural movements, slight diarrhoea, &c., have uniformly yielded at once to a single dose of three to four grains of sulphur.

In cases where either cramps, diarrhoea, or vomiting have been present, and in fact where all these symptoms have existed in conjunction, the use of sulphur, in the above named doses every three or four hours, has had the effect to ameliorate the patient's condition, at once, and when used in a few hours, to dissipate entirely choleric symptoms.

So far as its efficacy has been tested in the worst stages of collapse, most satisfactory results have been obtained. In two or three cases of the kind, the effect of the remedy has been to bring back pulse to the wrist, restore warmth to the surface, and stop the profuse diarrhoea and vomiting. In truth, the results obtained so far, have been such as to convince all of us, who have administered it, and witnessed its effects, that if any remedy deserves the appellation, this is the specific for cholera.

It having been determined to make this public statement, it is expected in return that no hasty conclusions will be made, either for or against what appears to be a proposition to accomplish much by very simple means.

Although the results, so far as obtained, in a short time, and by a few individuals, seem to justify our conclusions, it is hoped that physicians will continue to depend on what they consider the most efficient practice, in bad cases of cholera, until they shall have tested the matter themselves, and formed their own conclusions; and also, that whatever may be the confidence of individuals in this or any other remedies, they will not depend upon their own judgment in any case, even of slight symptoms, whenever it is possible to consult their physicians.

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OZONE is formed in the air by the decomposition of its water through disturbances of its electrical equilibrium; hence the peculiar

recognized as officers by the new Board, and having no further use for their services, they elected others in their places, thus giving them the Irish hint to take their departure, without waiting for any resignations or apologies.

Certainly such a change was necessary, to get rid of the offensive relics of the old Board, and the abominable waste of human life which occurred under their administration. It appears that nearly two-thirds of the cases of cholera taken to the city cholera Hospital, actually died! the number of cases under the old regime being 24, and the number of deaths 14, in addition to which, two were sent to the Commercial Hospital—thus eight were cured out of 24. To put an end to this shocking mortality, the Board wisely selected a graduate of the Eclectic school, Dr. Jordan; but no sooner was this appointment made, than the most dishonorable attempts were made by the Old Hunkers to impose upon the public credulity, and discredit the Eclectic practice by malicious calumnies. Prof. Harrison and his clique, (as we have been credibly informed,) on the morning of the day on which Dr. Jordan was invited to take possession, commenced denouncing the awful mortality at the city cholera hospital, under his management, propagating stories which were evidently preconceived fabrications. Apparently to make good these calumnies, and secure a sufficient mortality at the Hospital, the novel and unprincipled expedient was adopted, of sending to the Hospital, patients whom physicians had treated and virtually lost, who, when on the very verge of death, were sent to the cholera Hospital to die, in order to increase the apparent mortality. Among others, a patient was brought in, deeply narcotized by opium, who fell off in a few minutes, into a comatose condition. The following editorial article from the Times, exposes justly these miserable frauds:

CAN IT BE TRUE?—We hear frequent reports that since Dr. Jordan, the Eclectic Physician, has had charge of the City Hospital, nearly every case brought in has departed this life, and a *cheerful*, triumphant flourish generally accompanying the announcement!

Under the old school, in the City Hospital, fourteen cases were lost out of twenty-three, in cool weather, and when the disease was comparatively mild. Yesterday, the report was five cases and four deaths, and it is well known the weather is very warm, and the disease has increased in malignity. How is this? Against these facts we will place the other side of the story. Yesterday, there were five cases and four deaths, as we have said, at the City Hos-

pital, the four deaths were as follows: *two* of the patients went to, and were refused admittance to the Commercial Hospital *by the Trustees*, and sent without authority to the City Hospital, and died in less than thirty minutes after their arrival in a dying condition—two, sick near Pendleton's, were attended by calomel Doctors, and given up about 9 o'clock, A. M., after which, a priest was engaged with them in administering "extreme unction." After these old school physicians had given their patients up and pronounced them dying—then a further delay for priestly offices—these Doctors, it is said, ordered them, without any authority, to be taken to the City Hospital, where they died almost immediately.

Now, judgment is asked of the public against Dr. Jordan and the Eclectics, for not curing these dying men who sank under Allopathic treatment, because they were purposely sent to the City Hospital *to die!* Had they been refused admittance, the cry of inhumanity would have been raised. Dr. Jordan only took charge of the Hospital yesterday. From what we can learn, every sort of unfairness and scheming will be resorted to by the old school faculty to increase the *apparent* mortality under the treatment of their professional competitors. Will the public sanction or countenance such a course? we do not believe they will—we know they will not.

The Daily Globe of the 11th, alludes to this matter in the following terms:

THE NEW PHYSICIANS.—From what we learn from an assistant Physician under the new *regime* at the Hospital, as well as from the common impression with those who are likely to be conversant with the facts, a disposition seems to be shown on the part of some physicians to throw odium upon the Eclectic practice at the City Hospital, by casting upon their hands incurable cases of Cholera, arising under the old school practice. It seems almost incredible that in the good city of Cincinnati, amongst respectable practitioners, there could be found a single individual who would so demean himself and degrade the profession, as to throw a sick man or woman, made hopeless from mistake of his own, or from necessity, into a Hospital *to die*, in order to inflict a falsehood, a libel, upon another school of practice. It is so stated, and the community will withhold its contempt only until the charge is clearly substantiated.

By examination of the records of the Hospital, and the statements of its attendants, we learn as above stated, that the mortality, when under care of Dr. Johnson as attending, and Dr. Drake as consulting physician, was nearly two-thirds of all the cases. Since the occupancy of Dr. Jordan, (from the 6th to the 11th of June,) there have been four cases brought into the Hospital, *in articulo mortis*, who, as they were evidently dying, were allowed to die undisturbed by

medical interference, and all died within a period not exceeding one hour or an hour and a half from their arrival. Eighteen other cases have been treated at the Hospital, and every one who was not collapsed and pulseless on his arrival, or had not been deeply narcotized by opium, has been saved. Of the eighteen, there have been six deaths, as follows: two had been treated by an old school physician until, in the opinion of a medical and clerical attendant, they were upon the verge of death—they were then sent to the cholera hospital *to die*. One had been treated by a mercurial practitioner, and sent to the hospital badly salivated, in a blue collapse, cold, pulseless, and almost speechless; one was brought in deeply narcotized, and died in a comatose condition, from opiates administered before his admission; the remaining two were cold, collapsed, and entirely pulseless upon their arrival. Thus it appears, that excluding the cases which died under old school treatment, Dr. J. has really had but fourteen cases to treat, of which he has saved twelve, and lost two that were pulseless and collapsed before they were received. The difference thus appears to be that the Eclectic physician saves *twelve cases out of fourteen*, while the old school physician saves eight or ten out of twenty-four. What else could be expected, when we find the prescriptions of the old school attendant consisting chiefly of calomel, acetate of lead, morphine and opium, with occasional use of camphor and quinine, but with no efficient external means.

B.

MISCONCEPTION.—It frequently happens that Eclectic physicians, in speaking of the treatment of various diseases, take it for granted that the reader understands the peculiarities of Eclectic practice, and hence neglect to specify explicitly, their approbation or disapprobation of methods to which they refer. A careless or prejudiced reader might easily draw very erroneous inferences from such remarks, and make the writer responsible for sentiments widely differing from those which he really entertains. Of this, an example occurs in our present number, which requires notice. Dr. Parker, in his essay on quinine, refers to the use of various articles by medical men, in the treatment of intermittents, such as Digitalis, Hydrocyanic acid, Tartarized Antimony, Sulphate of Zinc, Mercury, Arsenic, &c., without expressing fully, his views as to the propriety of each; hence any one not knowing that Dr. P., as an Eclectic practitioner, prescribes none of those articles, might suppose that he approved of their use in such cases.

B.

T H E,

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

JULY, 1849.

[No. 7

Part 1.---Original Communications.

MILK SICKNESS.

BY B. F. BARKLEY, M. D.

To the Editors of the Eclectic Medical Journal:

GENTLEMEN:—I will not trouble your readers with a long preface to my remarks, but will proceed at once, and shall confine myself to observations made by the sick bed side. I think a disease bearing the above name, and so little understood, demands an occasional notice from the practitioner. As the disease occurs in northern Kentucky, its progress is marked by three distinct stages, which I shall denominate, 1st, forming stage, 2d, the stage of excitement, 3d, the stage of collapse or depression.

Symptoms of the first stage—a general uneasiness and lassitude, general soreness of the flesh, occasional pains in the extremities, indisposition to corporeal exertion, appetite but slightly affected, and food taken into the stomach causes a slight feeling of nausea and other disagreeable sensations, which are soon followed by an agreeable feeling of animation, resembling, in some degree, the operation of a diffusive stimulant taken in small quantities, taste slightly metallic, bowels and tongue but little affected, pulse somewhat excited, but in other respects not differing from health. This stage usually lasts from three days to as many weeks, and is often so gradual in its approach as scarcely to demand attention.

Second stage—This stage is generally ushered in with nausea and vomiting; the substance at first thrown up is nothing more than what is swallowed, but finally becomes mixed with yellow and green bile, the tongue is inclined to be dry and covered with a white fur. A peculiar burning sensation is now felt in the epigastric region, and along the course of the œsophagus. There is an une-

qual distribution of the animal temperature, pulse slightly accelerated, full, strong, regular and hard, bowels obstinately costive, urine scanty and high colored, eyes red, with dilated pupils, and drowsiness. The breath has a peculiar and indescribable odor, peculiar to this disease. There is slight pain in the head, the general soreness is increased, the paroxysms of vomiting return frequently, and with increased violence, and are readily renewed on the slightest exertion, thirst urgent, appetite gone, disturbed sleep, &c. This stage lasts from two to five days, rarely beyond the fifth day, and is followed by the third stage.

Third stage.—This stage is marked by unusual depression of the vital and physical energies, pulse depressed, slow and somewhat irregular, inclined to be soft. The tongue is dry, and covered around the edges with a white fur, and dark brown in the center, eyes red and watery, with dilated pupils, a kind of vacant expression of countenance, mind wandering and sometimes delirious, breathing heavy and laborious, bowels obstinately costive, urine sometimes suppressed. The breath is almost insupportable, the vomiting is not so frequent as in the second stage, but the nausea is almost insupportable; the matter thrown up resembles coffee grounds suspended in a green glairy fluid. There are cholic pains in the stomach and bowels, and finally a constant low murmuring, deep seated coma, &c.

DIAGNOSIS.—I believe there is no disease for which this might be mistaken but a variety of autumnal remittents, yet the absence of the peculiar odor in remittents will enable the physician to form a correct diagnosis, together with attention to the prevailing disease in the neighborhood.

PROGNOSIS.—Always to be regarded as highly dangerous; as a general rule, the more easily the bowels are acted upon, the more tractable will be the disease.

CAUSE.—Although diversity of opinion exists as to the substance that produces this disease, a majority of the profession who are familiar with the disease, agree that it is of mineral origin, though some are found who still contend for its vegetable origin, and some that it has its origin in a disease affecting the cow, horse, or sheep. My own observations led me to adopt the theory of its mineral origin. In the fall of 1843-4, the disease prevailed to some extent within the bounds of my practice, to many cases of which I was called. In visiting one of these, I learned that he had been engaged in making shingles, with two other persons, on a small branch rather noted for the milk sickness, and that himself and one other had used water out of a certain spring, which the third person refused to use, because he had had an attack of the milk sickness two or three years before, and thought he obtained it from this spring. The consequence was that the first two were attacked, one very violently, the other slightly with the disease, whilst the third person escaped its attack.

On learning these facts, I repaired to the place, and procured some of the water, and submitted it to a careful analysis, but could detect none of the known minerals except carbonate of lime; but other springs in the immediate vicinity contained sulphate of iron, chloride of sodium, sulphur, and some traces of copper, in the form of a sulphate. But while on this subject, I will relate an occurrence which was told to me by a man of standing and veracity. He informed me that in 1836, he was visited by a friend from a distance, during a deep snow that fell while his friend was with him, they watered his horse from a spring seldom used, and that they gave him no other water for seven days; the consequence was, the horse on the fifteenth day died of trembles, (as it is termed.)

I shall now dismiss this subject, (with the request that some of my brother M. D.'s will give us their observations, &c.,) and proceed to the most important part of my communication, viz: the treatment.

TREATMENT.—Emetics are of primary importance in the treatment of this disease. Their beneficial effects are confined to the the first and second stages. They serve to empty the stomach of any irritating contents, as well as to allay its irritability, and allay the general excitement. Lobelia and ipecac in combination are to be preferred to all others.

PURGATIVES.—On these mainly depend our hopes. The ordinary purgatives are of little or no advantage in the treatment, after the disease has become established. Our attention must be directed to the more stimulating and powerful cathartics. Of these, croton oil, gamboge, extract of butternut, and colocynth are to be preferred; a favorite prescription with me is croton oil, 20 drops, gamboge 40 grains, rhubarb 80 grains, mix and form mass with mucilage, and divide into 40 pills; dose, 1 to 10, to be given every 1, 2, 3, or 4 hours, according to the case; or sometimes I commence with one pill every hour until three doses are taken, and then double the dose, give two hours apart, if these do not operate in six or eight hours, I still increase the dose. If the gamboge is not convenient, or you should prefer it, (which I frequently would,) use the extract of butternut, in double the quantity. The occasional exhibition of some alkaline substance will greatly assist the purgatives in their operation. They serve to neutralize any acid the stomach might contain, and to allay its irritability, the neutralizing physic or calcined magnesia I have found to answer a good purpose.

Stimulating injections are to be employed, to assist the operation of the purgatives. The common anti-bilious physic is an excellent purgative after the bowels have once been acted on. Laxatives, (after the violence of the disease has somewhat abated, and you have made a good impression on the bowels,) are useful. Of these, the neutralizing physic answers a good purpose, so does a combination of rhubarb and sulphate of potassa aa, dose from 20 to 30

grains; if you wish to make it purgative, add a few grains of rhubarb to each dose. If not, diminish the rhubarb and increase the sulphate. The common anti-dispeptic pills are also useful.

The horizontal posture and quietness should be strictly and rigidly enjoined.

Blisters, or large mustard plasters, spread over the abdomen must not be neglected, but should be early and freely applied, and continued as long as any beneficial results can be discovered from their use, and in the third stage, applied to the ankles, wrists, and inside of the thighs.

As a palliative, and to allay the irritability of the stomach, I have often given diluted alcohol, (whiskey,) with good effect, in doses of one-half to one tea spoonful every five or six hours; it acts a local stimulus to the stomach. In this case it must not be given to such an extent as to produce a diffusible stimulating effect. Its operation must be carefully watched.

DIAPHORETICS.—I have seldom found much advantage from their use in this disease, and I scarcely ever use them now when treating it.

The diet, during the violence of the disease, should consist, for the most part, of soups and gruel, in small quantities, but as convalescence advances, a more generous and nourishing diet should be allowed. Care should be taken not to load the stomach at any time with too much of any substance.

P. S. I had thought of giving your readers a short sketch of the effects of calomel in this disease, (several cases of my neighboring M. D.'s I had an opportunity of noticing and examining while they had them under its influence, and although they lost three-fifths of their patients, they still persist in its use,) but as it is now one o'clock at night, I will do it at some future time.

PHYTOLACCA DECANDRA IN SYPHILIS.

Messrs. Editors :

If the following remarks on the use of the *Phytolacca Decandra* in Syphilis, from the pen of Richard Clark are "none the worse for being twice told," you may give them a place in the *Eclectic Journal*.

I find them in the March No. of the *American Intelligencer* for 1839. Make such disposition of them as you please.—L. C. D.

"*Dear Sir :*—I take the liberty to communicate to you some remarks on the employment of the *Phytolacca Decandra* in the treatment of Syphilis. Seeing that the alterative properties of this article of the *materia medica* are very lightly spoken of by writers, I was not inclined to repose much confidence in the statements of

others, respecting its virtues as a remedy in the disease above alluded to. Wood and Bache, in their U. S. Dispensatory, observe 'that in small doses it—the *Phytolacca*—acts as an alterative, and has been highly recommended in chronic rheumatism.' The Eclectic Dispensatory seems to regard it pretty much in the same light. Tognio and Durand, of your city, in their edition of Edward's and Vavasseur's manual of materia medica say, 'in the form of decoction, tincture or extract, it has obtained some reputation in the treatment of rheumatic affections, and especially in syphilitic rheumatism, or in cases of scrofula.' From the manner in which this article is mentioned, I do not think it sufficiently recommended to warrant physicians in using it. But from statements recently made to me by gentlemen of respectability and standing in society, who have had ample opportunities to test its remedial virtues on their own persons, I was induced to pay some attention to it, and to watch its effects more narrowly in those cases that came under my observation, and I have no hesitation in saying that it is the most safe and speedily efficacious remedy I have ever met with in the treatment of Syphilis. In many cases that have resisted the usual methods, whether on the mercurial or the non-mercurial plan, the *Phytolacca* has succeeded in eradicating all traces of the disease, without any perceivable bad consequences. So far as my observation and experience extends, I am not aware of a single case in numbers that have been treated with this remedy, in which secondary symptoms have supervened; indeed I am firmly persuaded that when the remedy is resorted to in the incipiency of the disease, no secondary symptoms will occur. If this fact can be established, of which I have no doubt, the use of the *Phytolacca* is certainly greatly preferable to that of mercury, so much in vogue, and to which may be referred the very symptoms of which we are so apprehensive, and from which such serious consequences result.

The mode of preparing it, adopted by those who have experienced benefit from its employment, is this: Take of the root about one peck, to which add one gallon of water, and boil down to one half. The decoction is then put aside till it cools, and of this a wine-glass full is taken. It might be supposed that the quantity taken would induce emesis, but in no instance have I learned that this was the case. The patients state that it 'effects them all over, producing a tingling sensation in the hands and feet, which soon wears off, leaving the system in rather a languid condition, more agreeable than otherwise.' My own experience in the use of this remedy is necessarily limited, from my location in an inland town; as far, however, as it has gone, I think it merits consideration. From your position as attending physician in an establishment so well adapted for the reception of the afflicted as the Philadelphia Hospital, (Blockley) you have it in your power to give the *Phytolacca* a fair and ample trial. I sincerely hope that these imperfect

remarks may induce you to investigate its claims, and that you will communicate the results at your leisure. In the interim, I will procure a history of the cases that have occurred in my neighborhood, in which this remedy has been used, and transmit it at the earliest opportunity for your inspection.

Very respectfully your obt. servant,

RICHARD CLARK, M. D.

To Professor Dunglison.

PNEUMONIA—ITS TREATMENT.

If, in the whole range of diseases to which the human organism is subject, there be *one* which *seems* to present the indications of treatment most likely to be fulfilled by the use of Antimony, Calomel, and the Lancet, that one is Pneumonia. The old school doctor declares, "take these three remedies from me and I am powerless, I am 'Sampson shorn of his locks,' I am weak like another man. In all other diseases take these things from me, but not in this—here they are my all."

This is really true. Meet the old school here upon their chosen ground—attack them in their strong hold—storm their Gibraltar—rout them "horse, foot, and dragoons" upon this field—and the whole is ours. If we can show that these remedies are not only useless but positively injurious in that disease, where they are claimed to be indispensable, I think we can have no hesitation in discarding them in all other cases. Here the whole amount of blood which the system contains, is being largely and constantly brought in direct contact with the irritated and inflamed organ, permeating its tissues, adding, as is claimed, fuel to the already intense fire which is consuming its vital energies. Here the pro-lancet physician "bleeds upon his conscience," as if the blood of his patient would surely ooze from his cadaverous body, and remain forever as spots upon his own skirts, if he did not snatch him from certain, impending death by drawing his blood, and scattering it to the winds of heaven—as if he were culpable if his first act were not to depress the vital energies already struggling fearfully against the inroads of disease. Here too, the "*currus triumphalis antimonii*" has "ample room and verge enough" to exhibit itself in all its glory. Its sedative, antiphlogistic, its diaphoretic, its expectorant powers may be brought into full exercise, and show their astonishing effects in arresting this formidable disease. Calomel, also, with its capability of regulating the liver, with its property of favoring absorption of the exuded lymph, with its alterative or allopathic property of changing the vital actions, is here imperatively demanded by the old theory. Accordingly, if you wish to recall the beauties of this worthy trio of heroic miscalled remedies, go witness

the treatment of a case of acute pneumonia. First, you shall see the wretched, luckless wight, who becomes the hopeless victim of this murderous practice, panting for breath, yet he is bled "*ad deliquum*," which means until he cannot breathe at all, but falls, lifeless to the earth. Next you shall see him purged with calomel, next nauseated with antimony, then that he may drink to the very dregs the cup of physical suffering, his anguish is increased by blisters, and tartar-emetic sores, and foul putrid ulcers. If he has a constitution of ten-fold brass, he may for ten or twelve days endure the tortures of this worse than inquisitorial cruelty, and then crawl from his bed, the ghost of his former self, and for a few months or years stalk abroad, the marks of the rack being borne upon every limb, the subtle poison incorporated within every bone, and nerve, and muscle, until he sinks out of the sight of men, another of the untold number of the victims of an erroneous and pernicious theory of medicine. Every cure, so called, is a monument of disgrace—the pale countenance—the hurried respiration—the tottering gait—the ruined constitution—not alone the result of disease, but the effect of pernicious treatment—these all call upon the philanthropist to banish a course of practice whose victims are innumerable. But it may be said that this is only dealing in general denunciation, that the treatment I have imperfectly sketched is the best that can be resorted to, that none but ignorant quacks, illiterate charlatans oppose the use of these remedies. Not so. The witnesses whom I mean to call forth to prove the existence of a better plan, are from your own ranks, and from your *front* ranks too. I speak not without the book. I mean to propose a system better than the old one, a system verified by five years experience in one of the largest hospitals in the world, a system in which leeching, cupping, blistering, salivating, nauseating are unknown—the treatment of Dr. Skoda, of the general Hospital of Vienna, with a few modifications.

When first called to a patient laboring under pneumonia, let his whole surface be sponged with an alkaline solution, and then a thick and warm cloth be laid over the chest. If there be much difficulty of breathing, with a secretion of thick and tough mucus, give an emetic of alum, or if preferred, lobelia and bloodroot, with or without ipecacuanha. For general treatment, give a drachm of liquorice extract, and 20 grains of nitre, dissolved in half a pint of water, all to be given in the course of 24 hours; by this treatment you will reduce the plasticity of the blood, and prevent the formation of lymph; if pain and irritation be present, give a little hyosciamus extract, and keep the extremities warm. Repeat this treatment whenever the symptoms require it, keep the temperature of the room about 60 or 65; keep the bowels soluble by giving a single grain of Podophyllin every day or every alternate day; let the diet be light, and the air pure as may be. This is a course of treatment

simple in itself, but vastly more effectual than the old *heroic* plan of *killing the patient, that the disease can have nothing to work upon*. This is the treatment in the main, pursued in thousands of cases in the Vienna hospital during the past five years, not by an "impudent charlatan," but by an enlightened physician, who has seen and felt the evils of the old system—carried out in a populous city, under the very eye of the government, under the inspection of the physicians of that town, famous for its medical learning, and yet triumphantly sustained for five years, and now *firmly* established.

Pneumonia, then, can be cured by the simplest means, without ruining the constitution. Mercury, antimony, and the lancet are not *essential* here, where they are said to be *best adapted—hence they are worse than useless in other cases*. It is impossible to escape this conclusion, and I beg to direct the attention of the magnates of the Ohio Medical College to this fact.

Yours truly,

P. S., M. D.

N. Y. April 21, 1849.

PROGRESS OF REFORM.

An Eclectic practitioner at Miltonville, Ohio, writes as follows:

"I met with violent opposition at first, having the proverb to overcome, that a prophet is not without honor save in his own country; I had seven Old School M. D.'s within four miles of me, who gave me various titles, such as the celebrated Steam Doctor, Root Doctor, &c. I did not retaliate, but took a straight forward course, and as fire in dry stubble, I found that my practice increased rapidly, and the power of the reform remedies has wrought a reformation in the community, that it will require a strong power to remove therefrom. My practice has now spread over the greater part of Butler county, and I have had frequent calls to Montgomery, Preble and Warren counties, to meet other physicians in consultation, &c., many of which I could not attend to in consequence of my business at home. I treated 592 cases which I took charge of, besides many more for whom I prescribed, from June 1st, 1847, to June 1st, 1848, and I lost but six cases out of that number, three of whom were given up by the Old School before I was called, but to satisfy the patient, I gave them medicine, informing them or the friends of the sick that I could not cure them.

I have been so much hurried during the last year, that I have neglected to keep a correct account of the cases treated, but can say that the practice is increasing.

The following I have found to be the best anti-spasmodic that I have ever used:

R Saturated Tincture of Lobelia Inflata,	34,
Sulphuric Ether,	31,
Tincture of Opium,	3½;

Mix, shake well; with this I have succeeded in a few hours, in subduing spasm of seven days continuation, after two physicians had used all their skill in vain. Not a muscle of the female was free from spasm, she had not slept for seven days more than one hour; by giving half a tablespoonful doses every half hour, in a few hours the female vomited four times, after which she slept seven hours, and had no more spasm. I had a case a short time since, a female aged 20, who had violent spasms, attended with frightful screaming; the friends were much alarmed, she had no knowledge of any thing, did not recognize her friends; after the spasm left her, she would not take medicine. Spasms occurred every five minutes, three men held her, and I gave her a table spoonful of the above anti-spasmodic, and in twenty-five minutes gave another dose; in ten minutes she became relaxed and vomited, after which she had her proper senses, and an occasional dose of the drops, and mild tonics soon restored her. I have used it in many cases, and never knew it to fail."

CURE FOR BURNS.

A correspondent in Kentucky sends us a recipe for the treatment of burns, which is no doubt valuable. The excellent effects of lime and linseed oil have been well ascertained. The present prescription is worthy of attention :

"In your first number you requested those having any valuable information, to present it through your journal. We have an application here for burns and scalds, that I have never seen published in any work. I have tried it, and seen it tried, and never known it to fail. It is dry slacked lime, mixed with an equal part of lard, spread on a cloth, and laid over the part. It acts like a charm; relieves pain, and subdues inflammation. A servant girl of mine this winter, got her feet and legs badly scalded by a pot of boiling water tilting over on them. The skin came off of one of them with the stocking. We applied the lime and lard immediately. It relieved the pain directly; we every day took the old plaster off and put a new one on, and in a couple weeks it was entirely well. A child near here scalded one hand in hot coffee, the old school remedies were applied by one of the craft, it inflamed and got worse, and the child died.

H. E."

REMEDY FOR DIARRHŒA.

I propose calling the attention of the medical profession to the use of the Xanthoxylon Fraxineum, in the treatment of the different forms of Diarrhœa, and especially in the treatment of epidemic cholera. I have used it with astonishing success for two years, and at my instance, Dr. King and others have used it with equal success.

R Pulv. Bac. Xanthox. Fraxineum, lb. iss.

Diluted Alcohol, cong. ss.

Digest in sand bath 24 hours, press off and filter. Dose from 3ss to 3j, repeated every half hour, and when the disease is accompanied by severe tenesmus, give 3j with sudorific tincture, (Beach's formula) 3iss, in mucilage of ulmus; repeat after every evacuation.

P. K. WOMBAUGH.

We are much gratified to hear of Dr. Wombough's success with the Xanthoxylon. We have been of late strongly impressed with a sense of its value, and disposed to give it a fair trial alone, in cases of diarrhœa and cholera. Prof. Hill has used it successfully as we learn, and now the testimony of Dr. Wombough, who, it seems, has been some two years testing its value, satisfies us that we may rely upon it with confidence. B.

PHILOSOPHY OF NATURE.

We find in the London "Spirit of the Times," of June 2d, brought over by the steamer America, a long and highly commendatory notice of a work by one of our fellow citizens, "The General Principles of the Philosophy of Nature," by J. B. Stallo, now occupying the chair of Chemistry, Pharmacy, and Medical Jurisprudence, in the Cincinnati Eclectic Medical College. The editor supposes that the work will soon be re-printed in England. —*Cin. Gazette.*

Part 2.---Selected.

THE AMERICAN MEDICAL ASSOCIATION.

(Continued.)

AFTERNOON SESSION.

Meeting called to order by the President, Dr. John C. Warren. The first business in order was the report of the committee on Medical Literature, which was read by Dr. John P. Harrison, of the Medico-Chirurgical Society of Cincinnati. The gentleman remarked, in the outset, that he should probably claim the attention of the Association one hour. The field allotted to the committee, he remarked, was "wide and fertile, but they had endeavored to explore the field with the care and patience which its importance demands." In considering the subject, the committee had regarded the division which the Association had marked out for them, to wit:

First—The general character of medical periodical literature in the United States.

Second—A consideration of the most important and prominent articles that are thus brought to our notice.

Third—Original or native American medical publications.

Fourth—Medical compilations and compends of American writers.

Fifth—American reprints of foreign periodical medical works.

Sixth—All such measures as may be deemed advisable for encouraging and maintaining a medical literature of our own.

The report stated that there are twenty original or native medical publications, and four foreign periodicals. Of these, five are quarterlies; six are published bi-monthly; six monthly, one three times a year—the transactions of the Philadelphia Society; and one weekly, the Boston Medical and Surgical Journal.

On the subject of *Empiricism*, the report was very strong and determined. It was regarded as a giant evil, and called upon the eminent in the profession to come forward boldly to the work of ridding the public from the deplorable woes arising from their use. "We are told, that truth is great and must prevail, but truth should not be deserted by her friends, and they ought not to look on calmly, and see her trodden under foot by her enemies."

The largest medical library in the country, is that of the Philadelphia Hospital. It was commenced in 1762, by the donation of a book from a Mr. Fothergill, of London, who shortly afterwards made another donation of books, six cases of anatomical specimens, and a skeleton and fœtus. The library now contains upwards of

ten thousand volumes. There are other libraries in Universities and Colleges, containing, some, seven thousand, three thousand, and two thousand volumes. The catalogue of medical works in the library of Harvard College, numbers one thousand seven hundred and sixty-nine volumes; that of the medical department of Harvard University, Boston, twelve hundred volumes. The libraries of some of the most eminent Boston physicians, contain upwards of five thousand volumes. The report was very lengthy, occupying in its reading one hour and forty-five minutes. It was accepted, and referred to the committee of publication.

On motion of the Chairman of the Committee, it was

Resolved, That a Committee of three be appointed by the President of the Association, to report upon the recommendations contained in the document just read. The following gentlemen were appointed on this Committee: Dr. Harrison, of Ohio, Prof. Horner, of Philadelphia, and Dr. Hays, of Philadelphia.

On motion of Dr. Wood, it was

Resolved, That the subject of an international copy-right law be referred to the Committee just raised, with instructions to report to the Association.

Dr. Wood, in urging his motion, remarked that it was essential to the medical literature of the country, that an international copy-right law be established. He claimed it for our writers, who now receive no encouragement. They must produce a better book, a great deal better book than the English writer can produce, or they cannot find a bookseller who will pay them for their work. He claimed it too on the ground of justice to English writers, who were despoiled of the labor of their heads and hands by the cupidity of our book-sellers.

Prof. Horner proposed a reconsideration of the last vote, to enable him to offer the following resolution:

Resolved, That the subject of memorializing Congress on the subject of an international copy-right, be referred to a Special Committee, to report before the adjournment of the Association.

Great confusion beginning to ensue, Prof. Horner judiciously withdrew his motion. At 1-4 before six o'clock the Association adjourned.

THURSDAY, MAY 3.

The Association convened in the Representatives Hall, pursuant to adjournment, Dr. John C. Warren, presiding.

In consequence of a notice that had been posted, which had excluded all but members and delegates from a seat upon the floor, it was necessary to pass a special vote admitting the professors of Harvard University, who were, otherwise, excluded.

Dr. Warren announced to the Association, that through the kindness of the House of Representatives, they were now assembled in that spacious and convenient hall. "It is," said he, "filled with

the inspiration of legislative labor, and within the walls thus impregnated, we may, haply, be enabled to accomplish more fully the objects of our Association, and when our deliberations shall have been brought to a close, we shall become so well acquainted as never to forget each other."

The minutes of the preceding day were read by the Clerk, and the names of new delegates were announced by Dr. Bowditch, when, on motion of Dr. Hays, of Philadelphia, Dr. Agassiz was unanimously, and by acclamation elected a permanent member of the Association.

The Nominating Committee reported the names of gentlemen to fill the Standing Committees, which report was accepted, and the nominations confirmed.

Dr. Stevens, of New York, offered the following resolution:

Resolved, First, that a committee of seven be appointed to consider the subject of forensic medicine; second, a similar committee on indigenous botany and materia medica; and third, a committee on hygiene, the committees to be nominated by the general nominating committee.

Pending the question, Dr. Bell, of the McLean Asylum, offered the following amendment:

"That the consideration of that part of forensic medicine touching lunacy in all its relations, be referred to a special committee of three members."

Numerous motions and cross motions, with short nervous speeches, some to the point, and some to no point at all, troubled the tympanum of the President, until the amendment was almost unanimously rejected. The original resolution was now adopted by a very large vote, when the regular order of proceedings was permitted.

Dr. F. Campbell Stewart, of New York, chairman of the committee on medical education, being absent, the report was read by Dr. M. L. Taft, of the New York Academy of Medicine. This report, like others that preceded it, was very lengthy; and, though the reader omitted large portions of it, he occupied upwards of one hour. Like the others, too, it was elaborately drawn up, and indicated much learning and labor on the part of its author. The report concluded with a long series of resolutions, and recommended a committee of seven to take the matters contemplated in the resolutions under consideration.

Dr. John Ware, from the Medical department of Harvard College, presented a paper, as part of the report of the Committee on Education, from a Committee of the Faculty who were appointed to take into consideration some of the recommendations of the Medical Association with regard to Medical lectures, particularly in reference to extending courses of lectures beyond the established period of four months. The purport of the paper was

that the Faculty were constrained to differ from the views of the Association in regard to the prime importance of lectures, and also in their view no profitable object could be gained by extending the term of lectures beyond a period of four months. Lectures are a subordinate and subsidiary part of a medical education. The great object in view from them is to learn the student how to study for himself. The paper did not undervalue the importance of medical lectures—far from it. Information was communicated through these sources which would not be acquired in any other way, but it was desirable that they should take their proper place in the education of students. It regarded the establishment of private Medical Schools in our cities as of very great importance.

The report was accepted, and its further consideration made the order of the day for half past three o'clock, P. M.

The nominating committee made further reports as follows: For Committee on Forensic Medicine, Dr. Stevens, of N. Y., chairman, Drs. Bell, Earle, Rockwell, Robt. Watts, Bond and Knight. On indigenous Botany and Materia Medica, Dr. Ives, of Ct., chairman, and Drs. Corbin, Frost, Davis, Lenoir, Cochrane and Hanson. Committee on Hygiene, Dr. Smith, of N. Y., chairman, Drs. Gardner, Jarvis, Cook, of Va., Holmes, Emerson, Symonds and Ives.

After some attempts to charge the nominating committee to report a "Standing Committee on unfinished business," the regular business of the Association was proceeded in, which was the report on Hygiene, by Dr. Winne, of Baltimore, Md. It was offered by Dr. Parrish, the author being absent. A motion was made that the reading be dispensed with, and that it be referred at once to the Committee of Publication. This motion excited considerable remark, and was not well received. It was not deemed respectful to the Committee thus summarily to dispose of the document. One gentleman would agree to vote for the motion, provided Dr. Parrish would give his word of honor that the report was not worth reading. This sally excited much laughter. The gentleman continued, that he did not like this process of excision upon their own members, especially, without the aid of chloroform [renewed laughter.] The Association ordered the reading by a very large vote. The only object in offering the motion was to save time. The reading of the report was interrupted by the Nominating Committee, who reported that CINCINNATI be the appointed city for the next annual meeting of the Association.

This report was unanimously adopted, and the following named gentlemen were constituted a Committee of Arrangements: Drs. Drake, Dodge, Judkins, Wood, Riley, Lawson, Richards and Strader, of Cincinnati.

The report on Hygiene was again commenced, and listened to with great interest and attention. Dr. Samuel Jackson, of the

Philadelphia College of Physicians, read a paper as part of the report on Hygiene, on the influence of tea and coffee on the animal economy of individuals under puberty, and its influence upon the laboring classes. Dr. Curtis also read a paper, being part of the report, having particular reference to the Hygiene of Massachusetts and the city of Boston. Before the reading was finished, the Association adjourned to 3 1-2 o'clock.

AFTERNOON SESSION.

Meeting called to order by Dr. John C. Warren, President of the Association. The first business in order being the conclusion of the report on Hygiene, Dr. Curtis, from that Committee, resumed the reading of his highly interesting report; but as its details were mostly local, the further reading was dispensed with.

Dr. Davis, from the Committee on Indigenous Botany, stated that a report had been drawn up with great care and labor upon this subject. He did not propose to read the report, but wished to call attention to the importance of the subject which they had been charged with. A deplorable ignorance and most unworthy carelessness prevails throughout the country in reference to indigenous Botany. Out of *one thousand* plants reputed to possess valuable medicinal properties, only one hundred and fifty are even slightly known. Out of two hundred and eighty indigenous and naturalized plants mentioned in a recent celebrated work on botany, of one hundred and fifty we are simply told that they are useful in certain cases, or that they are said to have been used by the Indians as remedial agents thus and so. The fact is, very little is known as to the real properties of the articles mentioned in the *materia medica*. The report was referred to the Publication Committee.

At 4 o'clock, the Association resolved itself into a Committee of the Whole, to consider the resolutions and recommendations appended to the report of the Committee on Medical Education. Dr. Jonathan Knight, of the Medical School of Yale College, was called to the chair.

The ten minutes rule was adopted.

The first resolution was as follows:

Resolved, That the attention of Medical Colleges be again directed to the resolution of the Committee on Preliminary Education adopted by the Medical Convention of 1847, and that they be advised to require from students that they shall in all cases produce certificates of preliminary education.

Dr. Harrison, of Ohio, moved an amendment to the resolution by striking out the latter clause, on the ground that it was impracticable, and colleges were not in a condition to enforce it.

Dr. Stevens, of New York, thought that the objection was of no weight, and trusted that the amendment would not prevail.

Dr. John C. Warren, of Boston, followed upon the same side.

Dr. ———, of Philadelphia, remarked that all men agreed upon the importance of a preliminary education, but he quite agreed with Dr. Harrison, that at the present time it would be impossible for Medical Schools to exact certificates. But this resolution was not compulsory, but advisory, and for one, as a teacher in a Medical College, he was willing to be advised. He hoped that the resolutions as reported would pass.

Dr. Davis said that the resolution under discussion was but a reiteration of resolutions that were adopted one year ago. During the past year, the New York State Society had recommended to County Societies to create preliminary boards of examination, and they have done so. He thought this example ought to be followed, and would be followed by every Society in the country. The question was taken on the amendment, which was lost. The original resolution was passed.

The second resolution was then taken up:

Resolved, That the several State and County Societies, as well as all voluntary Medical Associations throughout the country be advised and requested to adopt the plan proposed by the Medical Society of the State of New York, at its last annual meeting, for ensuring due attention to the subject of preliminary education.

Dr. Davis, of New York, explained that the plan of the New York State Society was, that every County Society should appoint a board for preliminary examinations of students, with a view that they should be required to produce certificates from such boards before they could be received as medical students in the office of any private medical practitioner.

The resolution was objected to by Dr. Warren, of Boston, because it applies to the whole country, and it is altogether impracticable.

A gentleman, whose name we could not learn, offered the following as an amendment:

Resolved, That as students are generally introduced to the profession by private preceptors, it is recommended that no student be received by them unless they come up to the standard of preliminary education prescribed by this Association.

Upon this amendment an animated discussion arose. From the fact that the chairman neglected to announce the names of speakers, we are unable to give them. One gentleman remarked that he had rather have a certificate of professional ability signed by a fashionable clergyman, than a diploma backed up by the faculty of the most eminent college in the land. A miserable quack introduced by a clergyman would be shown into the best parlors, while the physician is permitted to tread his rugged path alone. Dr. Warren in alluding to this remark, said he could not conceal his astonishment to hear the remark in that assembly, that the medical profession is unpopular. It had always been his opinion that the medical

profession stands higher, and is more popular than any profession that ever existed, that does now exist, or that *ever will exist*.

The question being upon the amendment, it was adopted by a large vote.

Resolved, That this Association do not sanction or recognize "College clinics" as *substitutes* for Hospital clinical instruction: and the Medical Colleges be again advised to insist in all instances where it is practicable, on the regular attendance of their pupils during a period of at least six months, upon the treatment of patients in a properly conducted Hospital, or other suitable institution devoted to the reception and care of the sick.

The resolution was adopted.

4. *Resolved*, That it would conduce both to the convenience and advantage of students if the subjects taught in the Colleges were divided into two series; the one of which should be studied during the first year's attendance on lectures; and the other during the second session. And that examinations should be substituted at the close of the first course of lectures on the subjects taught during that course: certificates of which should be required prior to the final examination. Rejected.

5. *Resolved*, That it is the deliberate opinion of this Association that the plan of examining students for medical degrees in private, and before one professor only at a time, is highly defective, and should be at once discontinued. Laid upon the table.

6. *Resolved*, That examinations for medical degrees should be practical, and that it is desirable as far as practicable, that they should be conducted in writing as well as *viva voce*. Laid on the table.

7. *Resolved*, That in view of the importance of a due knowledge of practical pharmacy, the medical schools be advised to require from candidates for the degrees, that they should produce satisfactory evidence of their having been engaged in compounding medicines and putting up prescriptions, either under the direction of their private preceptors, or in the shop of a recognized and qualified apothecary. Laid upon the table.

In regard to examining boards and licenses:

8. *Resolved*, That the interests both of the public and the medical profession would be promoted by the establishment of boards of examiners in each of the States of the Union, to examine candidates for licenses to engage in the active practice of medicine and surgery. Laid upon the table by a vote of 69 to 54.

9. *Resolved*, That the standard of requirements established by the examining boards of the several States should be uniform, and that the examinations should, as far as practicable, be conducted in a similar manner. Laid upon the table.

10. *Resolved*, That the examiners should, in all instances satisfy

themselves that candidates are familiar with the elementary branches of general knowledge. Laid upon the table.

11. *Resolved*, That for the purpose of carrying out the objects contemplated in the foregoing resolutions, a special committee of seven members be appointed to prepare a memorial and form of law, in reference to the subject of the establishment of boards of medical examiners, to be submitted to this Association at its next annual meeting. Indefinitely postponed.

The committee of the whole having thus considered the resolutions submitted to them by the report on medical education, arose and reported to the association, and their action was confirmed.

On motion of Dr. Stephens, of New York, it was voted that the whole subject matter of medical education, together with the resolutions which have been passed, and those which have been laid upon the table, be referred to a special committee of three members, with instructions to report to-morrow morning. The chair appointed Dr. Stevens, of N. Y., Dr. Wood, of Philadelphia, and Dr. Knight, of Conn., as the committee. Adjourned to ten o'clock to-morrow.

(*To be continued.*)

“LEGITIMATE MEDICINE.”

“*Legitimate medicine*” is a term invented in Europe a few years ago by allopaths, and monopolized by the allopathic school in this country, as expressive of itself. It seems to be employed on the same principle as quack medicine merchants label their nostrums: as “Pulmonary Liniment,” “Pulmonary Embrocation,” “Pain Extractor,” “Hunters Red Drop,” “Venus Pills,” &c., &c.

“*Legitimate medicine*” is therefore a label for allopathic physicians; pasted on them by Medical Journals, and the American Medical Association, to let the people know where genuine medicine, or real medicine may be obtained.

The New York Academy of Medicine is a fair specimen of “*legitimate medicine*.” It not only has the label pasted on it as a body by Medical Journals, but it has gone further, and placed its members in the New York Directory, and in the daily newspapers with the labels upon their backs. As all associations, and all persons have a right to select their own names, and as allopaths appear to have pretty generally agreed to change theirs, we have no objection that these should be known and distinguished hereafter, throughout all creation as “*legitimate medicine*.” What is in a name?—A good deal. Shrewd fellows those *legitimists*.

[*N. Y. Jour. of Hom.*

Homœopathic Department.

HOMŒOPATHY AND ECLECTICISM.

At a convention of Homœopathic physicians, of Northern Ohio, held in Cleveland, June 26th, to deliberate upon the duty of selecting a man to fill the chair of "Principles and Practice of Homœopathy" in the Eclectic Medical Institute, at Cincinnati, so liberally tendered to them by the Professors of that Institution, John Wheeler was called to the chair, and Dr. B. W. Richmond chosen Secretary.

Prof. B. L. Hill, of Cincinnati, was present, and invited to act as a member of the convention. Dr. Hill gave a history of medical reform in this country, which resulted in the establishment of the Eclectic Medical Institute; and in behalf of the Trustees and Faculty of said Institute, tendered a "full, free, and equal" professorship to the Homœopathists of this country and of the West.

Drs. Williams and Richmond explained the object of the meeting, it being called to select a man to represent Homœopathy in the Eclectic Medical Institute, Cincinnati; it having been called on short notice and at an early day, to select a man in time to permit the chair and Professor to be regularly announced in the annual circular of said Institute. It was

Resolved, That the friends of Homœopathy present in this convention, return their cordial thanks to friends of medical reform in Cincinnati, for their large hearted liberality in extending to them the offer of a professorship of Homœopathy in the Eclectic Medical Institute.

Resolved, That this convention accept of the offer of a chair of Homœopathy in the Eclectic Medical Institute, and proceed at once to select a man to fill said chair.

Resolved, That this convention unanimously recommend Dr. Storm Rosa, of Painesville, Ohio, for professor of the "Principles and Practice of Homœopathy," in the Eclectic Medical Institute, at Cincinnati.

Resolved, That this convention cordially invite all students of Homœopathy in the West, to attend the lectures of the Eclectic Medical Institute, Cincinnati.

Resolved, That Dr. Wheeler, Dr. Richmond, Dr. Shepard, Dr. Williams, and Dr. Plympton be a committee to issue a circular to the Homœopathic physicians of the West, on the subject of this professorship in the Eclectic Medical Institute, at Cincinnati.

Dr. Hill, in behalf of the Eclectic Medical Institute, offered a portion of the pages of the Eclectic Medical Journal, published at

Cincinnati, and invited the convention to select a man as editor of the Homœopathic Department of said Journal:

Whereupon it was

Resolved, That Dr. David Shepard, of Bainbridge, Geauga Co. Ohio, act as Editor of the Homœopathic Department of the Eclectic Medical Journal, and that all Homœopathic physicians are invited to correspond with him, and furnish him with facts and communications for said Journal, and sustain it by pecuniary aid.

Resolved, That the above proceedings be published in the Eclectic Journal, and all the Homœopathic journals of the United States.

JOHN WHEELER, M. D., *Pres.*

B. W. RICHMOND, M. D., *Sec.*

TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES.

GENTLEMEN:—We address you this circular, by order of a convention, convened at Cleveland, June 26th, to take into consideration the appointment of a Professor to fill the chair of the principles and practice of Homœopathy, in the Eclectic Medical Institute at Cincinnati.

The occasion of the calling of that convention was the following resolutions from the Faculty of the Eclectic Medical Institute:

At a meeting of the Faculty of the Eclectic Medical Institute, it was unanimously

Resolved, That in order to enlarge the circle of instruction in medical science, we deem it desirable to establish a Professorship of the principles and practice of *Homœopathy* in the Eclectic Medical Institute.

Resolved, That we invite the Homœopathic physicians of the United States, and of the west especially, to unite in recommending and nominating a Professor to fill the chair of Homœopathy in the Eclectic Medical Institute.

Signed,

T. V. MORROW, M. D. Dean.

CINCINNATI, June 9, 1849.

The above convention, after taking as wide a range for consultation among the brethren as was possible, and still designate a Professor in time for the announcement of the chair in the annual circular of the Institute, resolved as follows: (*See proceedings of convention.*)

The Eclectic Medical Institute has been in existence but a few years, and already convenes a large and respectable class at its annual session. It was named "Eclectic," "choosing whatever is solid and good," that at any time, whatever great truth might be

found lying in their pathway, up the hill of science, it might be gathered up and incorporated into their glorious creed of "progress," "truth," "investigation."

In selecting Homœopathy as *one* of the *great truths* to be taught in their liberal system, we feel that they have "chosen a solid and substantial good," and its introduction was originally contemplated by the leading minds engaged in founding the school.

While the Allopathic schools throughout our land have steadily refused to teach or investigate our doctrines, and hurling their anathemas at our system as a "lie," a "humbug," a "deception," to practice which was branded as a crime, Dr. Buchanan, without our aid or advice, volunteered to present our system regularly to his class. Though not an advocate of the system, he has at all times, so far as practicable, correctly represented our doctrines to the classes convened in the Institute, giving our facts and statistics, and urging his class to investigate a system, sustained by such respectable testimony.

During the last winter, Dr. B. addressed our State Legislature on the subject of medical reform; and the propriety of admitting Eclectic and Homœopathic to practice in the Commercial Hospital at Cincinnati, now exclusively occupied by the Allopaths. During his speech, in a bold and fearless manner, he presented our system, and a mass of statistics, as proofs of its success, to the body before whom he was speaking. Profs. Hill and Morrow, and others, so far as known to us, have always recognized our system as worthy of investigation, and expressed a strong desire for some time past, that a regular chair to teach our principles should be established in the school. This committee have it in their power to assure you, that the professors now at the head of the school, are men of sound hearts, clear heads, and minds fearless in the investigation of truth, and second to no faculty in the country in point of talent, capability, or untiring industry.

Before it was known that a Professor would be chosen by the Homœopaths, to present their doctrines to the school, Dr. Gatchell, a decided Homœopathist, a man of commanding talents, and recently chosen Professor of Anatomy in the school, volunteered and gave a popular course of lectures during the spring term, to the class, and announced his intention of regularly presenting Homœopathy to the class, until a man should be chosen to fill that important chair. You will perceive by this short statement of facts, that it was not optional with us whether we would have our system taught in the Eclectic Medical Institute; for our friends, seeing us without a platform from which to proclaim our doctrines, volunteered to teach them for us, and with a nobleness of heart worthy of emulation, asked us to choose our man, and with or without our patronage, he should stand on an equal footing with the other Professors in the Institution. It was desirable to announce the chair

in the annual circular, and but a few weeks were to elapse before it must be issued; we counselled together, and by great exertion convened a respectable convention, both for numbers and talents, and that body, without a dissenting wish or voice, selected Dr. Rosa as their choice for professor.

Of Dr. Rosa, we feel bound to say to our brethren, that the interests of Homœopathy cannot suffer in his hands. He is one of the oldest physicians on the Western Reserve, and has enjoyed an extended practice for thirty years, among the "regulars" in our art, and after a rigid examination of Homœopathy, volunteered as a pioneer in the glorious cause, and among his old friends, and amid his old enemies, Homœopathy has achieved a signal triumph. He is intimately acquainted with the whole range of Homœopathic literature, and has always been esteemed a man of integrity, and highly intelligent in his profession.

He accepts the responsible post selected for him by his friends, with diffidence, but confiding in his assurances to make all honorable exertion to honor the trust reposed in him, we feel doubly sure that his selection will meet with a hearty response from his brethren, and assure him that he carries with him into that college, their best wishes and undivided support. This committee have deemed it their duty to say thus much respecting the college, the Professorship, and the man selected. We beg leave to make an apology in justification of our course, and to answer some objections that will undoubtedly be raised. "*Amalgamation*" will be the first spectre presented to the imagination of our brethren. If we knew distinctly what they mean by this term, we should know better what to answer—we suppose however, that they mean our consenting to teach our doctrines to, and in connection with a class of men who are opposed honestly to us.* Have we not from the first of this medical controversy, denounced the old school for refusing to *investigate* our doctrines, and barring the doors of their colleges against all attempts on our part, to present our notions of medicine to their students? We have always demanded investigation, and when a popular college of large hearted and liberal reformers, open their doors to us, and say take your post, teach your doctrines, we will hear, investigate, study, test and decide for the right, shall we the brave champions of the best system of medicine ever presented to poor humanity, shrink back and cry out "*amalgamation*," we will not reason with you; we will not teach you our system, or hear yours; you will play some trick upon us—we "*go for the independent school*," where we shall not be troubled with quibblers and traitors. Now it seems to this committee that such conduct savors of cowardice, and is in a small way imitating the old school. If

*This expression we understand was used through inadvertency and haste. It should have been "who honestly differ with us." The Eclectic Faculty, so far from being *opposed* to Homœopathy, are its decided friends.—B.

260 Eclectic students consent, for the love of truth, to hear all our arguments, and test honestly our system, have not 50 Homœopathic students backbone enough to bear Eclectic doctrines, and investigate its facts? If Homœopathy thus shrinks from the investigation it has always demanded, then is she poor indeed, and needs not "amalgamation" to ruin it—it is already dead. But, says the objector, these "Eclectics," when once having heard our system taught, will scatter abroad among the people, and while practicing "essential Thomsonianism," will assure the people that they know all about Homœopathy, and know it to be a "humbug," and thus do our cause much harm. If lying would have killed Homœopathy, we should long since have had our requiem sung; "error is safe while truth is free," and besides we ask the objector what assurance will "Eclecticism" have, that we, after hearing their doctrines, will not go out among the people and assure them we know all about it, and that it is nothing but catnep—pepper—podo-phylum and mustard—and good for nothing—and do them as much harm as Alexander the coppersmith once did a reformer.

It seems to us that in this affair, we are on an equal footing, and considering the great *superiority* claimed by us for *Homœopathy over all other systems*, we shall, by our *better* success in *treating diseases*, soon be able to correct any false impression made by the bad account given of us by any unlucky "Eclectic." "Eclecticism" is not "Thomsonianism," and the results of their practice in all severe forms of disease, show conclusively that it is far superior to Calomel and the Lancet.

Thompson, and the labors of Dr. Beach, have done much to liberalize public sentiment, and break down the barriers which the law had thrown around the old school. For ten years the Legislature of New York was plied with petitions to abolish the odious restrictions on the practice of medicine, and not until it was proclaimed that one fourth part of the people of the Empire State employed the reform practice, could those laws be touched; that number of people wielded too many votes to be longer disregarded, and the laws were repealed. If, then, the Homœopathic physicians of this country can boast that the mass of their practitioners are graduates of the "Old Schools"—they owe much to the labors of the Eclectics in shaking the confidence of the public in the "regulars," and paving the way for an easier introduction of Homœopathy; and though we trace our paternity to the "*scientific schools*" of the land—we have another consolation in the indecent haste with which the "regulars" outstripped their less "learned" rivals, the Eclectics, in the loss of patients, as we know that those patients were more *scientifically* killed, and died in a more *orthodox* way. We shall not be degraded then, by a union with the Eclectics; if we are "more learned," we should be more *liberal*. But, says another, I go for a Professorship in an "orthodox school,"

say at Ann Arbor, Michigan. That University of learning is, we understand, under the management of men in favor of Allopathy—and you might as well knock at the gates of paradise, garbed in Satan's robes, and expect entrance, as to ask at present for a Homœopathic professorship in an orthodox college. When the regulars open their doors for the propagation of our doctrines, we have the men, and will render a reason just and adequate for our medical faith. Till then we must take care of our interests, and propagate the truth as best we may.

But, say many, the Homœopathic college at Philadelphia should be sustained—and until it is, I go against all new colleges or Professorships. Very well. We feel a deep interest in the welfare of that school, and know that the friends at the east have the men, the money, and the students to sustain it. By co-operation and unity it will be sustained—but if sectional strife, or the lack of wise counsel works a failure for the enterprise, we of the west shall not be chargeable with the responsibility. The large mass of our students in the west are young men, who *work* their own way, and will ultimately make strong and practical men; but they have neither time nor money to spend in attending lectures at so great a distance, and at so great an expense as would be incurred at Philadelphia. Besides, the West is an Empire of itself, and the Homœopathists of the west cannot depend on the east to furnish their students with medical instruction. Self-reliance is characteristic of our people—and with us to *will* is to *execute*—and the time will soon arrive when we shall send to the east for nothing but our *fashions* and our *oysters*. A project is already on foot to found a Homœopathic Medical College at Cleveland, and it will no doubt prove successful. We ask our eastern friends not to stop to repine at us—but to rally their hosts in the east, organize and make their school an honor to our glorious principles. What have Homœopathists done in this country worthy of their cause? Nothing—literally nothing—while the common enemy is entrenching himself in his strong holds, the land is dotted with their schools; the masses believe in their doctrines; and we must either convert them or displace their system, by furnishing the people with a better one.

The west is rapidly filling up with Homœopathists, and on every hand, we have calls for more practitioners. Homœopathists must make it a path of duty to seek out worthy and enterprising young men, and engage them in the profession; and in ten years, we can sentinel every city and village in the North. The cholera in Europe gave Homœopathy a firm and progressing hold upon the people—near forty Medical Colleges have, at this hour, Homœopathic Professors—and shall we halt and shrink back at the thought of a single Professorship in our wide spread Republic. We trust not. Theology, in this country, has been stripped of its mysticisms, and made comprehensible by the mass of the people. Law

has been divested of its technicalities, and rapidly, justice is taking the place of legal tricks. Science has roused herself; the dumb speak; the blind see; thought, astride of lightning, is riding full tilt across the continent; old dynasties are disappearing—old parties breaking up—the ocean is invaded, and the earth robbed of her long hidden secrets—and, amid all this progress and confusion, are the lucky hits, shrewd guesses, and scientific blunders of our old and decaying system of medicine to remain undisturbed?

Is she to enjoy an exclusive exemption from criticism and reform, and hang a flaming sword across the portals of her temples and forbid us to enter? It is vain—her hopes shall perish—she is already in a state of revolution. Forbes, with his single arm, has shaken the whole system in Europe, and its old dogmas are being displaced by Homœopathy. Eclecticism is thinning her ranks rapidly in this country. Homœopathy is daily gaining converts from its numbers, and Hydropathy and Orthopathy are fast teaching the people a better and more glorious road to health. In conclusion, then, we would say to our brethren, we have a mighty work to perform, and let us address ourselves to the task, and fear not that we shall meet a failure. No timid hand guides our counsels—we are right, we are determined, and we shall triumph. We ask you, one and all, to lend us your strong hands and earnest hearts, in carrying forward this much needed reform, till our labors are crowned with success.

Besides the professorship, the faculty of the Institute have offered us an equal chance to propagate our doctrines, through the pages of the Eclectic Medical Journal. It is a monthly periodical, of 50 pages got up in good style, and has now about 1500 subscribers, and with a few hundred additional subscribers, can be made a substantial medium through which our friends of the west can communicate with each other. It is published at \$2 a year, and is richly worth the price. Dr. Shepard is a strong man, of large experience, and if health permits, he will lend a strong arm in propagating the truth. Another editor from our brethren farther west, will be associated with him, if it is deemed advisable.

We meet again, July the 12th, at Cleveland, when we hope to meet a larger number of our brethren to counsel us on the expediency of a new college at that place.

B. W. RICHMOND, M. D.
JOHN WHEELER, M. D.
DAVID SHEPARD, M. D.
C. D. WILLIAMS, M. D.
A. PLYMPTON, M. D.

Chardon, July 1, 1849.

Part 3.---Editorial.

STATISTICS OF CHOLERA PRACTICE.

The mortality of cholera during the month of June, was much greater than in May. Drs. Morrow and Hunt report 180 cases of cholera, and 75 of cholerine, with seven deaths, of which five were in a state of collapse when called, or passed into collapse within half an hour. Drs. R. S. and O. E. Newton report 102 cases of cholera, with four deaths; of twelve cases of collapse, nine were cured. These gentlemen have been confined by sickness a large portion of the time since the epidemic has been here. Dr. P. K. Wombaugh reports 42 cases of cholera, and twenty-five of cholerine; four were in the collapsed stage when called, and died; two who disobeyed directions, died. Dr. J. Borton reports 135 cases of cholera, and one death. Dr. J. Wilson reports 62 cases of cholera and two deaths. Dr. T. J. Wright reports 34 cases of cholera with one death. Dr. Wright was also called to three hopeless cases, for which he did not assume any responsibility. Drs. King and Main report 43 cases of cholerine, 41 cases of cholera, and seven deaths, of which six were in a collapsed stage when first seen. Dr. D. P. Stille reports 13 cases of cholera, 10 of cholerine, and one death. Dr. A. Brown reports 55 cases of cholera and two deaths. These altogether make an aggregate of 664 cases of cholera, and 29 deaths, which added to the report of May, (330 cases and five deaths,) makes an aggregate of 994 cases, and 34 deaths, (or if we include the two cases lost by disobeying directions, 36 deaths.) This makes an average mortality for May and June, of three and four-tenths per cent., or if we include the two cases in which the practice was not properly carried out, 3.62 per cent. Owing to haste, these figures were published incorrectly in the circular, (page 326.) In the pamphlet edition, Dr. Brown's cases were not included, as his report had not then been received.

It is much to be regretted that a full and fair record of the whole cholera practice of Cincinnati, cannot be obtained. The Old School practitioners dare not report their awful catalogue of death. The contrast was so glaring, that they generally refused to report,

and the Board of Health was compelled to substitute reports of deaths for the reports of cases. Fortunately the reports of the month of May, when the epidemic was in its mildest form, have been preserved. These reports show a loss of *twenty-six per cent.* or more than **SEVEN TIMES** as great a mortality in the mildest form of the epidemic, as the Eclectic practice exhibits during the most malignant period. So great was the difference of mortality between the months of May and June, we are compelled to believe that if the former exhibited an Allopathic mortality of 26 per cent., the latter must at least have risen to fifty per cent. Indeed, the Western Lancet admits (in the July number,) that of the cases of true cholera, with rice-water discharges, "*at least one half of the cases in this city, as everywhere else, proved fatal.*"

It is almost incredible, yet it is an undeniable fact, a sad and shameful fact, that the Ohio Medical College, and its supporters of the Old Hunker party, still pursue this practice, which proves fatal to one half of the patients in cholera, and still war against the practice, which under their eyes, has saved 96 per cent. of cholera cases. Instead of profiting by the results of Eclectic practice, they conceal the facts, slander the physicians and labor as of old, to stifle the truth—but labor in vain. Are such men honest? Are they entitled to personal respect, as honorable men? We do not design in these remarks, to include the whole Allopathic medical profession of the city, but we must say that we have little confidence in the professional candor of those who sympathize with medical Hunkerism.

The statistics of Homœopathic practice, which we hoped to present in this number, have not yet been collected sufficiently to justify publication. Enough however, has been ascertained, to show that the mortality is remarkably small, and that it will probably not differ very materially from that of the Eclectic reports. The following statement from the Homœopaths of St. Louis is offered as a fair illustration of the merits of the Homœopathic system. Our friends who are unacquainted with Homœopathy, may rest assured that it is no delusion, nor is it a mere system of *placebos*, to tickle the fancy of the patient. The success of Homœopathy in cholera, is an unquestionable *fact*, whatever may be said of *theories*. We regret that our Homœopathic matter has been excluded from the present number of the Journal by other documents; in our next number we expect to re-publish Dr. Joslin's

lecture on the Homœopathic treatment of cholera. The following is from the St. Louis Union of the 20th.

"Supposing at this time the public would wish to know to what extent Homœopathy has been introduced in the treatment of the cholera in this city, and with what result—as the science has been bitterly opposed, and some may still doubt—all such may have the name, residence, age and personal standing, of every one composing the following aggregate, viz: Number treated by three Homœopathic doctors to July 13, 1867; number died 51; still under treatment number not positive; entire number cured 1470; loss per cent 3½.

In view of the fearful mortality of the past two months, and the different feature presented above, we would respectfully ask the city authorities and the citizens, to designate any of the ward hospitals to be exclusively under the charge of Homœopathic physicians, on condition that the reports be published daily or weekly, as the citizens may point out.

All we ask, is, that the reports of the two schools come before the citizens publicly and legitimately, as to enable the world to know that there is no special cause of alarm in the existence of cholera in any city; when it is met by a scientific and truly specific mode of treatment."

TO ECLECTIC PRACTITIONERS.

In Cincinnati, the *prestige* of Old School medicine is gone forever, and the friends of Eclecticism have only to do their duty now, and take possession of the field which lies before them. If they do their duty, Cincinnati will in ten years be essentially an Eclectic city, and as Cincinnati goes, so goes the West and South.

Let our friends then bear in mind, that the time for decisive action has arrived—we have made a breach in the enemy's strong hold, which can never be repaired. *Now is the time* to march in and take possession. The Eclectic practitioners of the city are thronged with patients; twenty more good Eclectic physicians are needed, and would soon find active employment. Men of good education and good address, adapted to a city life, should not waste their energies in a village or country practice, when a great city lies before them, in which their labors will produce ten-fold greater effect upon the progress of the great cause. We hope that all who possess the requisite qualifications for a city practice, will take this matter into serious consideration, and lend us their aid in the great struggle now so nobly progressing. We are not over sanguine in these anticipations; we speak of matters of common notoriety. Even the Western Lancet, the organ of the Ohio Medical College, admits the change, exclaiming in bitterness of spirit, that Cincinnati is the very "*Elysium of quacks*"—meaning by quacks, all who have much better success than the superannuated Old School profession. B.

NEW SCHOOL AT MEMPHIS.—A medical college, guided by Eclectic principles, will commence operations this fall, at Memphis, under an ample charter obtained by Dr. Powell. Drs. Powell, Newton, King, Hulce and Dr. Z. Freeman, (graduate of the E. M. Institute,) are members of the Faculty. J. M. Sanders, an able chemist, will be the chemical professor. We regret that we have not space to do justice to the well known merits of the Faculty. They have our best wishes for success. B.

ECLECTIC MEDICAL INSTITUTE.

FIFTH ANNUAL CIRCULAR.

CINCINNATI, June 16th, 1849.

The BOARD of TRUSTEES have the pleasure of announcing the continued prosperity of the Eclectic Medical Institute, the classes of which for the sessions of 1848-9 amounted to 191.

The steadily increasing reputation of the Faculty, and of the Eclectic system of practice, authorize the anticipation of a noble career of usefulness for this pioneer school of liberal principles.

Important changes have been made, by enlarging the instructions of the Institute in reference to HOMŒOPATHIC MEDICINE, (in accordance with the liberal spirit of Eclecticism,) and by the appointment of Professors H. P. GATCHELL and J. B. STALLO, to supply the vacancies arising from the resignation of Professors J. H. OLIVER and A. H. BALDRIDGE.

DR. H. P. GATCHELL, the new Professor of Anatomy, is a gentleman of learning, whose thorough education, vigorous and philosophical intellect, and high reputation as a clear, fluent and eloquent lecturer, give ample assurance that he will contribute much to the resources and attractions of the Institute.

Prof. J. B. STALLO, formerly professor in St. Xavier College of Cincinnati, and St. John's College of New York, is not only a profound chemist and zealous cultivator of the natural sciences, but a gentleman of remarkable attainments in literature and philosophy, of high reputation as an author; experienced, fluent and impressive as a teacher, and well fitted to inspire a love of science.

We congratulate the friends of Eclecticism upon the amount of talent, learning, original research and practical skill now concentrated in the Institute. The names of MORROW, BUCHANAN, HILL, JONES, STALLO, GATCHELL and Emeritus Professor BEACH indicate an amount of *useful practical knowledge*, and profound original research, not surpassed in any medical institution of our country.

The value of the Eclectic or American system of practice, has recently been thoroughly tested in the treatment of cholera, and its success has been almost incredibly great. The value of the Homœopathic has also, been subjected to a similar ordeal, and has presented results of wonderful success. The ample opportunity of instruction in each of these methods of practice, is a peculiar feature of this school.

Heretofore, the indefatigable professors of the Institute have given two courses of instruction annually, thus furnishing to their students unusual facilities for thorough scholarship. Hereafter it has been deemed unnecessary to continue this arduous labor—the spring session will be discontinued, and the winter session alone will be maintained. Those who wish the benefit of a course of instruction in the summer will be enabled to attain the object in an Eclectic College which has been established in Rochester, New York, where in addition to other means of instruction, unusual facilities for the study of botany will be furnished by a large botanic garden.

The sessions of the Eclectic Medical Institute will hereafter commence on the first Monday of November, and terminate on the fifteenth of March. A gratuitous preliminary course consisting of two or more lectures daily will be delivered during the month of October. The Faculty of the Institute will be organized as follows; (See page 14.)

No permanent appointment has yet been made for the chair of Homœopathic Medicine, as it was thought preferable to postpone the choice until the members of the Homœopathic Medical Profession of the United States should have time to designate in their convention (shortly to be held) the Physician whom they consider most eligible for this position.

CALVIN FLETCHER, Pres't.

ISRAEL WILSON, Sec'y.

CINCINNATI, July 13, 1849.

The Board of Trustees have the pleasure of announcing that the Hon. STORM ROSA M. D. of Painesville, O., has been unanimously recommended by the Homœopathic convention (held at Cleveland June 26) for the Homœopathic Professorship in the Eclectic Medical Institute. In accordance with this recommendation, Dr. Rosa has been elected to fill the Professorship of the Principles and Practice of Homœopathy.

In announcing this appointment, the Board would congratulate both the friends of the school and the friends of Homœopathy, upon the judicious choice of Dr. Rosa—a gentleman so highly esteemed by the Homœopathic profession, possessing an extensive knowledge of both Homœopathic and Allopathic medicine, and a mind matured by thirty years experience in Allopathic and Homœopathic practice. Dr. Rosa it is believed will prove a clear, judicious and practical teacher, imbued with the liberal progressive spirit of the Eclectic school, and desirous not of exciting idle and angry discussions of abstract theories, but of filling the mind with useful knowledge. Thus it is believed the Homœopathic professorship will prove not a source of confusion or dissension; but a valuable coadjutor in the cause of liberalism and medical reform.

CALVIN FLETCHER, Pres't.

I. WILSON, Sec'y.

CIRCULAR ADDRESS

OF THE

FACULTY OF THE ECLECTIC MEDICAL INSTITUTE,

TO THE MEDICAL PROFESSION OF THE UNITED STATES.

The Faculty of the Eclectic Medical Institute, respectfully request the candid attention of the medical profession and the public to a statement of their position and of the present relations among the cultivators of medical science. Upon several important subjects there are marked differences between the members of the medical profession, which require a careful and dispassionate investigation, if we would avoid delusion and act from enlightened principle, instead of becoming the passive tools of party spirit. In our profession, a cautious criticism upon fashionable theories, a careful testing of their truth by practice and experiment, and at the same time a diligent search for additional knowledge by experimental enquiry and observation, constitute the noblest employments of a professional life. It has been by such labors that the great men of our profession have won their titles to immortality. It has ever been by such labors that the honorable men whose names survive from generation to generation have been distinguished from the crowd of mere routinists, the lovers of self and votaries of authority and fashion whose names are speedily lost in oblivion, however distinguished their positions during life. It is true that they who are thus honorably occupied may often be assailed and opposed by their contemporaries as rash innovators or deluded pretenders. But succeeding generations delight to honor those, who, like Harvey and Jenner, disregard the authorities of the schools to follow the higher authority of Nature.

Influenced by such considerations, and observing in the past history of science that nearly all great improvements have met with hostility on their first introduction; observing too, that in the medical profession there has generally been some predominant set of notions or opinions, which, while in fashion were sustained with all the intolerance of party spirit; we have deemed it a matter of vital importance to disavow all such intolerance, and to put an end forever to the false idea that any college or body of medical men is capable of presenting an infallible standard of medical faith and practice. No matter how numerous, how unanimous, or how respectable the bodies by whom such a standard is prescribed, we regard the attempt to enforce upon all minds conformity to any such standard, as no less odious and absurd than the attempt of an established church to enforce one uniform religious faith, regardless of the rights of dissenters from that faith.

The declaration that the opinions and practice adopted by the great majority of the profession from their teachers, are to be regarded as *regard*, and that all which differs therefrom materially, no matter how extensive the learning, or how great the practical success upon which it may be based, should be regarded as *quackery*, and condemned as dishonorable, we regard as one of the grossest outrages which could be perpetrated.

against truth and justice; and one which has had a most disastrous effect upon the progress of medical science.

Systems of doctrine and practice thus enforced by one generation are condemned by the next. A continual change is gradually taking place in reference to those doctrines which men would vainly attempt to establish by authority; and our only hope of advancing medicine to the rank of an exact science, lies in encouraging this gradual change, by which erroneous opinions are superseded and the results of more accurate scientific research introduced in their place.

With these views the Faculty of the Eclectic Medical Institute earnestly desire to give a new character to the practice of medicine; the philosophy of medical science, and the general spirit of the profession. We wish to render the practice more safe and successful, the philosophy more true and profound, and the general spirit of the profession more liberal and progressive. We are authorized to anticipate success in such an effort, because the general spirit of the age tends in the direction of our movement; because the medical profession which is continually, though slowly progressive, is advancing in the direction of our movement; because we rely upon the power of truth, and because our past labors have already been productive of important results.

The leading doctrine of the Eclectic Medical Profession, to sustain which this Institute has been established is, that the investigation and the practice of medicine should be entirely free and untrammelled—that no central body—no association, combination or conspiracy should have the power to prescribe a certain *standard of faith, or medical creed*, which shall be received by all, and forced upon every member of the profession by threats of professional disgrace and ruin. We claim for ourselves, and extend to all, this liberty of investigation and action. We recognize every enlightened, educated and honest physician, as standing upon the same platform of professional respectability, and enjoying the same rights, no matter what doctrines he may advocate in medicine, or what system of practice he may deem it his duty to adopt.

The colleges and medical societies of the United States through the National Medical Association, repudiate these liberal principles and evince a determination to degrade and trample upon all who do not adopt a certain medical creed and vow allegiance to the *AUTHORITIES* of the profession. An extensive combination exists, to deny all character as physicians to those who entertain different sentiments, and are too independent to sacrifice their honest convictions—to exclude them from all social and professional intercourse, to assail them with opprobrious epithets, and to exclude their students from admission to medical colleges. [One of the resolutions of the National Medical Association, was that no student should be admitted into a medical college whose certificate of studies came from a physician who was not *regular* in his practice, or in other words did not maintain allegiance to the prescribed rules of faith and practice.] A large portion of the medical profession have never sanctioned these proscriptive arrangements, but entertain more liberal sentiments and take no part in the establishment of the system of intolerance. The colleges and the leaders of the medical profession are the authors of the system.

Our American Medical Colleges—American in little else than name

and location, have introduced from Europe a system of medicine fraught with serious evils, and attended by a great mortality in many diseases, which are more successfully treated by a rational practice.

In addition to the European system of medical practice, they have introduced the European system of professional organization, and the false ideas of etiquette, and ethics arising from the aristocratic and powerful organization of the profession under despotic and oligarchical governments. Attempts have been made in the various states to organize the profession by law, and give to certain societies and cliques absolute control over the profession, depriving the people of the right of choosing their own professional assistance, and concentrating in a few hands the power of licensing or prohibiting every practitioner—thus effectually enslaving the profession, aiming to crush by fine and imprisonment, those whose mental independence renders them in any way obnoxious. Thus has the medical profession in this free country, lingered far in the rear of the general progress of society, and endeavored to enforce by legal penalties, uniformity of opinions in matters of science. These laws have however, been generally repealed, or essentially modified; the rights of man have been vindicated, and the attempts of medical societies to procure a re-enactment have been defeated by overwhelming majorities; still the attempt is continued by means of combinations, societies and collegiate rules to enforce this despotism of opinion, which the civil power has refused to assist in enforcing.

The dignity, usefulness and truth of the collegiate systems of medicine are strenuously inculcated upon students, while all that lies beyond the prescribed circle is concealed, misrepresented or assailed in terms of opprobrium and disgust. Medical societies are organized upon exclusive principles—a line is drawn between the orthodox and the dissenters, and all who are beyond the line of strict conformity, are denounced with reckless violence, as charlatans, quacks, empirics, knaves and systematic impostors.

They who are thus assailed for free investigation are meanwhile calmly pursuing their professional labors, adding fact to fact; enlarging vastly the resources of the healing art, and securing still stronger claims to the gratitude of posterity as reformers of medical science.

The time has arrived for the Medical profession to determine which spirit shall control its destiny—that of the free and fearless enquirers who gather truth from all sources; who prefer the authority of nature to the authority of transient schools, and who are habitually in the possession of knowledge in advance of their contemporaries—or on the other hand the spirit of those who indulge in learned pedantry, who dictate with corporate insolence a standard of opinion for others, and who maintain in the medical profession the same narrow, stolid and illiberal principles which have been designated as Hunkerism when observed in politics.

This is the vital question, in reference to which the Eclectic Medical profession of America take a decided stand, and in reference to which they hope that in due season the entire medical profession of the country will unite with them in maintaining the principles of liberality and freedom.

No rightly balanced and unprejudiced mind, can approve of the savage denunciations of medical bigots, against those who are guilty, merely of differing in opinion from their accusers.

The Homœopathic physicians of Europe, and the Eclectic physicians of America, have often been denounced in language so coarse as to be degrading to its authors, who have generally been prominent members of old school medical societies and colleges. But in all cases the fact has been studiously concealed, that the parties thus denounced are in many respects the superiors of their assailants!

The Homœopathic physicians of Europe are men of learning; upwards of thirty of their number are Medical professors in the Universities, and more than sixty occupy positions of high distinction under their respective governments. At least three thousand physicians in Europe, and more than one thousand in America, practice upon the principles of Homœopathy, who are generally men well educated in the Allopathic schools of medicine, and who have adopted Homœopathy against their previous prejudices, in consequence of witnessing its superior results in the treatment of disease. The Allopathic physician who denounces this large body of learned and distinguished men as knaves and quacks, proves in so doing, that he is himself grossly ignorant of the whole subject, or utterly profligate in his assertions. It is probable that they who utter such denunciations are not aware that nearly thirty hospitals in Europe have been under the control of Homœopathic practitioners, and that when Homœopathy has thus been tested on a large scale, under the superintendence of the different governments, the results of treatment in the Homœopathic hospitals, have been twice as successful as in the Allopathic hospitals, in which, for so long a period the most distinguished professors have controlled the treatment. The average mortality in all classes of cases in the Homœopathic institutions, amounted to four or five deaths to the hundred cases that were treated, while the average mortality of the Allopathic hospitals of Europe, was ten or eleven deaths to the hundred cases of disease. In the special enumeration of different diseases, and in the results of private practice, as reported by a great number of competent, discriminating observers, the contrast is even more marked.

It would seem to all fair reasoners, that the Homœopathic practitioners who have contributed so much important knowledge to the treasury of medical science, and who, so far as we can ascertain by documentary evidence, have, in their sphere, greatly diminished the mortality from diseases under medical treatment, were entitled to high honor from the medical profession, as well as the gratitude of mankind. It would be supposed that the wonderful and ingenious researches of Hahnemann and his followers, would have excited a lively curiosity to become acquainted with their details. But on the contrary, we find all this knowledge carefully excluded from the usual course of medical study, and the learned men to whom the world is so much indebted, seldom even named or mentioned only in terms of derision or insult.

While Allopathic physicians thus wilfully blind themselves and their followers to the light, Homœopathy steadily increases in its triumphs. The most distinguished political and literary characters espouse its cause. Even the governments look upon it with favor, and not only sustain Homœopathic professors, hospital physicians, and army surgeons, but in Prussia, a Homœopathic physician has been placed upon the Board of Examiners, and we may presume that the time is not far distant, when the

medical man, who is *entirely ignorant* of Homœopathy, will be regarded as very defective in medical science and literature.

A similar course of denunciation has been pursued in reference to Eclectic Medical Reformers in America, whose character and principles have been uniformly misrepresented. The Eclectic Medical Reformers of the United States, number, it is believed, more than two thousand practitioners.* A large proportion of these are graduates of medical schools devoted to reform; while the others are principally converts from the old school system of practice. One or more colleges have been systematically engaged in teaching the principles of the reformed system of practice for the last twenty years, and several have recently been established. The Eclectic Medical Institute, established in Cincinnati in 1845, exhibits by its records during the first four years, a larger number of matriculated students than any other medical school west of the mountains, during a similar period from its first establishment.

But however encouraging the success of our schools, and the cordial appreciation of our principles by the more intelligent portion of our fellow citizens, our surer reliance is upon their intrinsic truth and usefulness.

Eclectic Medical Reformers start from the common platform of professional knowledge, with a declaration of dissatisfaction with the usual results of the healing art; of certainty that a true therapeutic science may yet be discovered, and of the imperative duty of all practitioners to investigate all successful systems of practice, and avail themselves of every successful agency which has been or can be discovered.

Viewing the present resources of the healing art, they appear sadly limited and imperfect. All substances in nature, whether mineral or vegetable, act upon the human constitution, and possess powers capable of being used for the benefit of man. Yet instead of exploring the vegetable and mineral kingdoms, to make all substances tributary to human health, only about four hundred are mentioned in our standard text books as official remedies; and of these but a small portion are familiarly known and habitually used by the medical profession. A large majority of the official articles are unknown in common practice. More than two thirds of all the prescriptions according to the old school practice, are supplied by ten or twelve favorite drugs; and most of these favorite drugs, so extensively used, are unfortunately not those which are most capable of sustaining or restoring a state of health, but rather those which are most potent, concentrated and convenient, but at the same time dangerous in their use, and often permanently deleterious to the constitution, no matter how prudent the practitioner who uses them. Amongst the worst cases of chronic disease that we find, are those which have been produced by the excessive administration of poisonous drugs. Yet this style of practice is imperatively urged upon students in our colleges. Calomel, in teaspoonful doses has been boldly recommended in the most prominent medical colleges of the West; and calomel alone or in combination has been recommended in every form of disease, virtually presenting it as a *panacea*. We are not aware that the whole history of medicine presents any greater or more pernicious delusion than this. Even the most enterprising practitioner, who would aim to avail himself properly of all valuable official

*Three thousand is the number estimated by some of our most experienced friends.

articles, would find many of them so imperfectly known and described, as to give him no idea of their proper use. Such are the miserably meagre resources of practical medicine, while thousands on thousands of important medicines are utterly unknown to man, while every plant that grows possesses valuable properties, and yet no systematic effort is in progress to enlarge our medical resources.

Eclectic Medical Reform aims therefore, to enlarge and improve the most important portion of practical medicine—our *Materia Medica*—especially in exploring our indigenous medical botany, so shamefully neglected heretofore. The Eclectic *Materia Medica* is therefore peculiarly rich in the knowledge of the value of many remedies, either unknown or imperfectly understood by Old School authors. Not less than thirty among the most valuable articles of the *Materia Medica* which are either incorrectly described, or entirely excluded from the officinal list by Old School authorities, occupy a prominent place in the Eclectic practice, and manifest daily their curative energies. So great a change has thus been made by new remedies, new applications of old ones, new compounds, and new principles of treatment, that four fifths of the prescriptions of Eclectic practitioners, in every variety of diseases, are entirely different from those which are usually made by those who follow the European or Old School American Colleges.

It may be said, therefore, that the Eclectic system of medicine has wrought a decided revolution, and presents an essentially new system of practice, which may be justly styled the American system, as it has arisen from the labors of American physicians, and stands opposed in its details, to the European system, which has been transplanted to this country, and which occupies our colleges with all its pedantic learning, its meagre resources, and its bigoted intolerance.

In the Eclectic Medical Institute, not only are the resources of the *Materia Medica* as usually taught, laid before the student, but the new medicines, and combinations of the Eclectic practice are fully presented, and the comparative value of different agents made known, so as to show why the majority of the prescriptions which are still in vogue with the colleges, are laid aside as obsolete, and substituted by better and more efficient, as well as safer agents. The Eclectic student is thus made acquainted with new school as well as old school practice, and not tied down by his education to any limited routine.

The attention given to our indigenous medical botany, and preference for botanic remedies which characterizes the Eclectic school, are regarded with aversion and contempt by many of their opponents. Certain profligate partizans have occasionally varied their assaults by applying the terms "quacks," "steamers," "Thomsonians," &c., to the Eclectic practitioners, and by stating that they repudiate all medicines which are not botanic. Such assertions and epithets are notoriously false.

It is true Eclectic practitioners are conscious of the merits of "steamers," "Thomsonians," and *ultra-herbalists*, and hence do not make war upon that class of practitioners. They are aware that Thomson had a far better knowledge of certain botanic remedies than the old school faculty, and they have no silly professional vanity to hinder their using any good remedy because it may have been used by men unlearned in science. They will not close their eyes to any truth.

Strictly speaking, there are scarcely any intelligent physicians who can properly be called *Thomsonians* or *steamers*. Amateur doctors, men of very limited education, may be found to whom such terms apply; but those who commence a botanic practice, if they obtain any proper medical education, enlarge their resources far beyond the limited circle of Thomsonism, and soon become essentially Eclectic in their general course.

The peculiarities of the Eclectic practice are too numerous to be learned, except by a thorough course of study. These peculiarities have arisen from the gradual adoption of one improvement after another, until the whole system of practice has been essentially changed, and all those measures which are calculated to impair the vital powers, have been substituted by more successful methods. It is a cardinal principal of the Eclectic system, that no medical treatment should be allowed which permanently impairs or injures the vital powers, that no such treatment is, in any case, necessary or proper, and that in the choice of remedies, we should prefer those which are safest, and calculated to act most nearly in accordance with the laws of health.

Hence, we reject, *in toto*, the most pernicious features of old school practice. Not that we consider them entirely useless; but because they are so far inferior in their results to the measures upon which we rely. The habitual, internal use of certain intensely poisonous metals, as mercury, antimony, arsenic, lead, copper, &c., we consider a gross violation of the dictates of medical philosophy and experience—an egregious delusion which has brought millions to a premature grave, and which, at the present time, maintains an immense amount of human suffering among the living. This delusion has arisen from a profound ignorance of the true characters of a number of important medicines, and an indifference to the enormous evils now arising from the mercurial practice. It is not known in the Colleges that our vegetable *materia medica* furnishes far better agents for all the purposes of the healing art, than these destructive metals, and that every purpose for which it is supposed that mercury is necessary, can be accomplished better without than with its agency. The fancied necessity of mercury, for the sake of its power over the liver, is well known, by all Eclectic practitioners to be a gross delusion; without the use of a particle of mercury and without its dangerous morbid consequences, they produce much more efficient cholagogue and alterative action than mercurial remedies can maintain. The medical profession are aware of the dreadful evils of a mercurial practice, and would gladly get rid of the two-edged weapon which cuts alternately the disease and the patient, if they were informed by the colleges and authors, upon whom they rely, of the powers of other and better cholagogues.

So far from this being done, the colleges profess (no doubt sincerely) to be ignorant of any substitutes for mercury, and insist upon its use with as much earnestness, that the administration of mercury has become a criterion of medical respectability—the very shibboleth of medical societies, and with the herd of quacks, who practice by routine, without either mental ability, or professional knowledge, almost all their medical skill concentrates into the mere art of giving calomel. Even with the most enlightened and distinguished members of the medical profession, the best efforts of the physician are often attended by sad mortality. Under

the treatment of the Allopathic physicians of Europe, as recorded in hospitals, on an average, more than one-tenth of all the patients die. Under the treatment of the Faculty of the Ohio Medical College, in the Commercial Hospital of Cincinnati, during the year 1848, more than one sixth of all the patients died, according to their own report.

In the Eclectic practice, so far as statistics have yet been obtained, it is believed that the average mortality of all classes of cases does not exceed two per cent.

In the treatment of cholera, we have the comparative statistics, afforded by the reports of cholera practice, in New York and in Cincinnati. In the latter city, we observe that nine Eclectic physicians, during the month of May, treated 330 cases of cholera, and upwards of 200 of choleroïd disease of a milder form, with the loss of but five patients, while the cholera reports of other physicians to the Board of Health, exhibit, during the same month, 432 cases of cholera and 116 deaths!

In the month of June, the disease having reached its maximum intensity, and many of the cases being reached by the physicians only in the collapsed stage, the mortality was necessarily greater. Hence the reports of Eclectic physicians in Cincinnati, present an aggregate for the two months, of 1094 cases of cholera, and a large number of choleroïd diseases not fully reported, which were treated with entire success in all but 36 cases, which proved fatal. In making up this aggregate of deaths, we have included a number of cases in which the physicians' directions were disregarded, or in which he was called in too late to have any reasonable hope. Even thus, the aggregate mortality appears to have been less than four per cent. (being 3.28.) while the mortality of cholera patients under Old School treatment, has been from 40 to 60 per cent. throughout Europe.*

Notwithstanding this striking and almost incredible contrast, (a ratio of more than 10 to 1.) a proscriptive and illiberal course was pursued by the opponents of Eclecticism. This, however, entirely failed to accomplish its object, as the City Cholera Hospital, originally under the care of Old School practitioners, was placed in the hands of Eclectic physicians, by the Board of Health; and the wisdom of the change was shown by the fact that, since this change, although the disease has greatly increased in severity and fatality, the ratio of mortality, in the Cholera Hospital, has been but about one-half as great as previously. While the disease was in a milder form, but the mercurial treatment was in vogue—while calomel, opium, and the acetate of lead were regarded as the prominent medicines, the mortality was in the ratio of seven out of twelve; but since that period, under the Eclectic or non mercurial treatment, the mortality has been less than three in twelve of the cholera patients who underwent the Eclectic treatment. This, too, during a period when the pestilence raged highest, and the average number of deaths in Cincinnati was over 1000 a week.

That the average mortality from all diseases, under the orthodox mercurial treatment, is twice as great as under the Eclectic treatment, is the opinion of all who have made a comparative trial, or carefully observed their results; and it has been the earnest desire of Eclectic practitioners to subject the two systems of practice to a rigid comparative trial, under similar circumstances, in some public Institution.

*As the mortality of the Old school cholera practice in Cincinnati, was 26 per cent. in May, it must have been at least 60 per cent. in June, when the ratio of mortality was more than doubled with all physicians.

Under these circumstances, we are justified in making a solemn appeal to all young men aspiring to the medical profession, and asking whether they are willing to sanction the proscriptive bigotry and Hunkerism,—which exist in a portion of the profession,—whether they are willing to join in the conspiracy against free investigation—whether they are willing to be established in that narrow and imperfect system of practice which has everywhere been proved vastly inferior, in its results, to the modern improvements of Eclecticism and Homœopathy—in short, whether they can conscientiously go forth to practice medicine in accordance with the dicta of teachers who, in a Cincinnati Hospital, lose more than one-sixth of all their patients—who, in European Hospitals, lose from a tenth to a ninth; and who, all over the world, lose from one-third to two-thirds of their patients in cholera? Can you sanction this disastrous system of medical error and bigotry, or will you take the stand of an American free-man in behalf of Eclectic liberality, and connect yourself with that system of practice which constitutes one of the greatest benefactions America has yet conferred upon the world—a system of practice which saves ninety-six or ninety-seven cholera patients out of a hundred, and which looks upon that practitioner as utterly unworthy of his high vocation and a position in the Eclectic ranks, whose practice is attended by as great a mortality as is common in Allopathic practice.

This high stand can be maintained only by valuable professional knowledge. That knowledge enables Eclectic practitioners not only to dispense with mercurial medicines, but to lay aside the pernicious practice of *blood-letting*, as a clumsy, barbarous, and destructive method of effecting objects which may be better accomplished without the lancet. That very efficient substitutes for mercury and the lancet exist, or that they have been used with triumphant success throughout this country, in all its various climates and classes of diseases for many years, is not known or taught in our old medical colleges,—nor will this fact be recognized, until a more liberal spirit shall be introduced than prevails at present.

In the practice of Surgery, as well as in other departments, the remarkable improvements and superior results of Eclectic medicine, in comparison with all that has been accomplished by the highest skill of Europe, challenges professional scrutiny. It is not in the use of the knife, nor in mechanical dexterity, that any peculiar merit is claimed; but in the preservation of life and limb—in the substitution of scientific constitutional treatment for the reckless use of the knife, lies the principal glory of Eclectic Surgery. For further illustration we can only refer to the many thousand, who have been benefited by Eclectic Surgical practice. In the obstetrical department—especially in the treatment of the diseases of females, the reform has been no less decisive and important than in general practice. But as the limits of this address do not admit of specifications, we can only invite a candid scrutiny, and refer to the decisive opinions entertained by all who have made themselves fully acquainted with Eclectic medicine, after studying the resources of old school practice.

In physiology and medical philosophy, the instructions of the Institute are essentially different from those of any other school in Europe or America. This is the only school in which the facts of Phrenology and Animal Magnetism have been properly recognized and explained as a por-

tion of medical science. It is the only school in which the functions of the brain, as a physiological organ, have been taught.

To a member of this Faculty belongs the honor of discovering the proper method of exploring the functions of the brain, determining its mental and physiological powers, and the relations which it bears to all parts of the human body. By this discovery the highest problems of psychology and physiology which have ever engaged the attention of man, are made accessible to rigid experimental enquiry and scientific demonstration. This discovery (the essential truth of which has been recognized in Europe as well as America;) not only lays the foundation for a grand system of philosophy in which all sciences relating to man find their appropriate place, but explains the philosophical laws of his constitution in reference to its internal sympathies,—the influence of medicines and food, the causes and nature of diseases and contagion, the principles of therapeutics and the entire philosophy of medicine.

The medical philosophy of the Institute being thus based upon a knowledge of the mainsprings of the human constitution, (the much neglected nervous system) is essentially different from that taught in other schools. It recognizes fully the relations which all methods of treatment bear to the laws of life and health, and hence appreciates liberally the merits alike of Homœopathy, Allopathy, Hydropathy, and all peculiar medical theories. In short our medical philosophy is not a system of sectarian dogmatism, but a guiding, inspiring and progressive influence. Incessant progress, is our rule of life, and he who does not continually make such progress by independent observation is unworthy of the name of an Eclectic.

Nor would that Institution be worthy of the name of Eclectic, which would hesitate to avail itself of knowledge derived from any source which may be useful to man. Conscious of the importance and value of the researches and experience of Homœopathic physicians, who have pursued the great labor of medical reform by another mode distinct from our own, we have recognized the claims and recommended the study of Homœopathy as a valuable portion of professional knowledge. Having determined to establish at a suitable opportunity a course of Homœopathic instruction for the benefit of our students, we have been gratified to observe at the same time among the Homœopathic medical profession a concerted movement for the purpose of securing a suitable opportunity of instruction for Homœopathic medical students, in which they might at least be safe from the insults of Allopathic bigotry, by attending a Homœopathic college or a college of liberal principles.

Having resolved to establish a Homœopathic chair in the Institute, it was deemed desirable to select for that chair some one whose learning, experience and general reputation as a Homœopathic physician would give the best assurance of a satisfactory development of Homœopathic science. For this purpose it was deemed best to tender the privilege of nominating a suitable professor, to the convention of Homœopathic physicians which was about to meet in the city of Cleveland. The convention appreciating highly the liberal spirit which prompted the offer, deliberated upon the subject and unanimously recommended Dr. STORM ROSA of Painesville, Ohio, for the Homœopathic Professorship of the Institute. This nomination, highly acceptable to all parties, was confirmed by the

Trustees of the Institute, who have elected Dr. Rosa to the professorship, for which he was recommended.

Thus are we enabled to present for the first time in the history of medicine, a school truly liberal, independent, and free from sectarian influence; and overlooking not the narrow boundaries of some dogmatic and ephemeral theory, but the whole horizon of medical science—including alike the researches of the standard authorities from Hippocrates to Velpeau; the ingenious and wonderful discoveries of Hahnemann and his followers, and the extensive knowledge of botanic medicines, of safe and successful methods of practice, and of the true principles of physiology, which belong to Eclectic Medical Reformers of America.

Graduates of this Institution, whether designing to occupy the range of Eclecticism, or to give their attention exclusively to Homoeopathic practice will enjoy an unusually extensive familiarity with all the resources of the healing art, and hence, will occupy now that advanced position to which the whole profession will in time attain, when paltry jealousies shall have perished, and when the varied contributions of the 19th century to practice medicine and medical philosophy are all received and arranged in their proper place, and taught in all respectable medical schools.

As the pioneer teacher of the American or liberal system of medicine, the Institute is appropriately located in the most central portion of our Republic. Cincinnati is evidently destined to be either the largest city or one of the few largest cities on the continent—from the rate of its growth we may calculate that ere the close of the present century, Cincinnati will be to America, as London and Paris are to Europe, and the medical authority of Cincinnati will be proportionally influential throughout the world. With an eye to such a future—to the ascendancy of the American republic—the American spirit, and the American system of medicine, the Institute has been established, and we invite all who cherish the glory of our country—all whose sympathies are with the future in its progress, rather than the Past in its darkness, to participate in our enterprise, and share the glory of American Medical Reform.

NOTE.

STATISTICS OF THE CINCINNATI CHOLERA HOSPITAL.—(established by the Board of Health, under authority of the city council.) Dr. J. H. JORDAN, Resident Physician.—From the 6th of June up to the 27th of July, total number of admissions 226—total number of deaths 83, of these, twenty were in articulo mortis when brought in, and died generally in less than an hour; five died of narcotism from opiates taken previous to admission; three died of delirium tremens, and thirteen of other diseases, as fevers, arachnitis, inflammation of the brain &c., making a total of 41, which being subtracted leaves 184 cholera patients, of whom 42 died, and 142 were cured. Of those cured, seventeen were in pulseless collapse when admitted, and many others were in a partial collapse. The number of deaths, therefore, amounts to twenty-two and fourfifths per cent of the number of cases—or less than three in twelve. At the same time, the number of cases in the cholera hospital, treated by Drs. Johnson and Drake before they were dismissed, and by Dr. Raymond in the Pearl street branch, has amounted to 61, of whom (37,) more than threefifths died. The total number of deaths, compared to the admissions being under the Eclectic treatment 36 per cent, under old school treatment 60 per cent.

In the Commercial Hospital if the facts are not suppressed by the Faculty, it is probable the cholera treatment will exhibit a still worse result.

CATALOGUE
OF THE
ECLECTIC MEDICAL INSTITUTE.
WINTER SESSION, 1848-9.

<i>Students.</i>	<i>Preceptors.</i>	<i>State.</i>
Thomas F. Morgan, M. D.,		Ohio.
Martin T. Perrine,	Drs. Judd and Rathbun,	"
Joel Dalby,		"
Thomas H. Walters,	Prof. Morrow,	"
Paul Wilberforce Sampsel,	Dr. N. S. Sampsel,	"
James Milot,	E. W. Baldridge, M. D.,	"
Thomas Robinson,	Dr. B. Hubbell,	"
Lewis Behymer,	A. W. Allen, M. D.,	"
Jacob Smizer,		"
George Washington Dickey,		"
Joseph Frazell Hance,	N. Abbott, M. D.,	"
Charles William Arnold,	Prof. Hill,	"
Matthew Alexander Kelly,	Wm. Doane, M. D.,	"
Joshua Emmons,	A. Eckart, M. D.,	"
George Monroe Dickey,		"
J. A. Doran,	P. Beeman, M. D.,	"
Horatio Milton Chatterton,	Dr. B. Chatterton,	"
Benjamin Franklin White,	Dr. B. Hubbell,	"
George Glick,	Drs. Teegarden & Bleecker,	"
Benjamin Franklin Radcliffe,	J. Davis, M. D.,	"
Jephtha Davis, jr.,	do.	"
Henry Judy,	S. Fellers, M. D.,	"
Jesse Garretson.	J. McCook, M. D.,	"
Benjamin Chatterton,	Practitioner,	"
John Darby,		"
Anthony Bauer,	A. Bauer, M. D.,	"
George Black,	B. F. Johnson, M. D.,	"
Wm. Webster,	S. H. Witham, M. D.,	"
George W. Hurst,	Dr. Halstead,	"
Edward Walker,	D. H. Austin, M. D.,	"
Richard Winans,	S. S. Cook, M. D.,	"
Samuel F. Conklin,		"
Edward McKenzie,	Prof. Jones,	"
David Lathrop,	J. M. Corey, M. D.,	"
Abraham Rhorer Houser,	Z. Wakefield, M. D.	"
Edwin A. Lodge,		"
Thomas Donaldson,		"
Alfred Shepherd,	Prof. Morrow,	"
Wm. W. Adams,	Dr. Thomas,	"

<i>Students.</i>	<i>Preceptors.</i>	<i>State.</i>
David Abel Austin,	Dr. J. W. Scroggs,	Ohio.
William Owens,		"
Samuel H. Witham,	Practitioner,	"
Lemuel Kemball Rosa,	S. Rosa, M. D.,	"
James George Hunt,	Prof. Morrow,	"
James S. Bangs,		"
O. B. Keetch,	Prof. Hill,	"
David C. Challen,		"
Stephen H. Osborn,	Prof. Hill,	"
Edward Meyer,	do.	"
Harris Putnam Norton,		"
S. H. Chase, M. D.,		"
Robert S. Finley,	J. N. Anderson, M. D.,	"
James W. Routh,		"
Caleb H. Jones,		"
Orrin E. Newton,	R. S. Newton, M. D.,	"
Abraham Myers Stayman,		"
Francis Pringle Mitchell,		"
James Thomas Elsworth,	I. J. Avery, M. D.,	"
Wm. H. Jones,		"
A. Brown,		"
Franklin Talbott,	G. W. Wallace, M. D.,	"
J. W. Prowell,		"
Elias Ylee,		"
James Adams,		"
Edward Nevers,		"
Alexander Grier,	Dr. B. Hubbell,	"
G. Hill, M. D.,	Practitioner,	"
T. J. Wright,	Prof. Beach,	"
Bowen C. Howell,	Jas. S. Anthon, M. D.,	Indiana.
Jason Holloway,	Practitioner,	"
Erasmus S. Dodd,	do.	"
Aza Kilbourne Plank,	A. Teegarden, M. D.,	"
Charles H. Spinning,		"
Enos James Martin,	Practitioner,	"
Philander Loomis,	Drs. Loomis and Taylor,	"
Wm. L. Phillips,	Dr. Benedict,	"
J. Henry Jordan, M. D.,		"
Joseph Higbee Watkins,	Dr. Needham,	"
John S. M. Hawkins,	S. H. Chase, M. D.,	"
Leonard Lane Blowers,		"
Augustus C. Overton,	S. A. Foss, M. D.,	Kentucky.
John James Stites,	Dr. B. Blythe,	"
Elzaphan R. Roe,	J. King, M. D.,	"
George H. Hutchings,	J. H. Hulce, M. D.,	"
Robert Armerong,	F. A. Rice, M. D.,	"
James B. Allensworth,	Drs. Hatchett and Collins,	"
Benj. F. Smith,	Prof. J. R. Paddock,	"
G. G. Moore,		

<i>Students.</i>	<i>Preceptors.</i>	<i>State.</i>
Wilson J. Howard,		Kentucky.
Jacob Stewart,	Dr. Funderburg,	Penn.
Renselaer C. Raymond,	J. Spencer, M. D.,	"
Daniel Farr Morey,	S. Bronson, M. D.,	"
Thomas M. Cobb,		N. Y.
Jared Hyde Tilden,	Z. Freeman, M. D.,	"
J. R. Bush, M. D.,		"
Justus Blinn Jones,	H. Bennett, M. D.,	"
Alvin Shattuck,	Prof. Hill,	"
William W. Hadley,	Practitioner,	"
Horace C. Taylor,	Prof. Hill,	"
Horace W. Thompson,		"
Arman Pindell Kellogg,	Prof. Hill,	"
James Pitts,	Dr. L. A. Ward,	"
David P. Stille,	E. Darwin, M. D.,	"
Orrin Davis, M. D.		"
Amos Hildreth,	Dr. Z. Wakefield,	Illinois.
Joseph Short,		"
Thomas Plumb,		"
David A. McCord,	Practitioner,	"
Wm. Jackson Trumbo,	J. Borton, M. D.,	"
Nelson Simons,	C. L. Webster, M. D.,	"
J. M. Young, M. D.,		"
Odna Daly Brooks,	Dr. R. D. Waldo,	Wisconsin.
Nelson Allen,		"
Daniel Porter Wooster,	Dr. Teegarden,	"
Wm. Jefferson Wann,	F. W. Sykes, M. D.,	Ala.
Charles Carlos Brown,	J. S. Anderson, M. D.,	"
John Franklin Baker,	W. P. Hutchins, M. D.,	"
N. M. McClelland, M. D.,		Missouri.
William Holman Lowrey,	Dr. R. S. Grisard,	"
Theodore Roberts,	W. Boothe, M. D.,	Conn.
Jesse Monroe Birdsong,	J. C. Wall, M. D.,	Texas.
Nicholas L. Northington,	Dr. D. Worthington,	Tenn.
William Henry Shepherd,	H. C. Metcalfe, M. D.,	Md.
J. W. Parker,	Drs. Burrett and Richmond,	Iowa.
Z. Freeman, M. D.,		Nova Scotia, Canada,
Benjamin Franklin Hatch,		New Hampshire.

SPRING AND SUMMER SESSION, 1849.

<i>Students.</i>	<i>Preceptors.</i>	<i>State.</i>
Amaziah Sells,	Drs. Pinney and Sells,	Ohio.
George Glick,	Drs. Teegarden and Bleacher,	"
George M. Dickey,		"
Joseph William Hough,	Drs. Pulte and Ehrman,	"
Eben Norton,	Dr. M. G. Mitchell,	"
Alexander Grier,	Dr. B. Hubbell,	"

<i>Students.</i>	<i>Preceptors.</i>	<i>State.</i>
Harris P. Norton,		Ohio.
James Milot,	E. W. Baldrige, M. D.,	"
Edward Meyer,	Prof. B. L. Hill,	"
Edward Walker,	D. H. Austin, M. D.,	"
James Adams,	Dr. B. Hubbell,	"
Jesse Garretson,	J. McCook, M. D.,	"
John McChristy,		"
Abraham M. Stayman,		"
Samuel F. Conklin,		"
Horatio M. Chatterton,	Dr. B. Chatterton,	"
Franklin Talbott,	G. W. Wallcae, M. D.,	"
Joshua Emmons,	Dr. A. Eckart,	"
Joel Dalby, Jr.,		"
Lemuel Kamball Rosa, M. D.,	S. Rose, M. D.,	"
R. R. Hopkins, M. D.,	Prof. Baldrige,	"
J. W. Prowell,		"
John Darby,		"
Wm. J. Trumbo,	J. Borton, M. D.,	"
Alfred Shepherd,		"
James G. Hunt, M. D.,		"
Cornelius Hector,	Practitioner,	"
James A. Gordon,	do.	"
A. Brown,	do.	"
Strang S. Post,		"
O. B. Keetch,		"
Johnathan Flattery,	do.	"
Samuel N. Caldwell,		"
D. P. Stille,		"
Alvin Shattuck,	Prof. Hill,	N. York.
Jared Hyde Tilden,	Z. Freeman, M. D.,	"
Henry Learned,		"
Norman Prindle Kellogg,	Prof. Hill,	"
Horace C. Taylor,	Prof. Hill,	"
Zobeth Freeman, M. D.,		"
Robert Bracken,	Drs. Judd and Rathbun,	Penn.
George Willis Read,	Dr. D. Dutton,	"
Rensselaer Clark Raymond,	J. C. Spencer, M. D.,	"
Augustus Kerr,	W. F. Judd, M. D.,	"
Daniel F. Morey, M. D.,		"
C. Beadle,		"
John James Stites,	Dr. B. Blythe,	Ky.
Allen M. Poor,	Practitioner,	"
John Franklin Baker,	W. P. Hutchins, M. D.,	Ala.
William Jefferson Wann,	F. W. Sykes, M. D.,	"
William H. Shepherd, M. D.,		Md.
Francis Dodge,	D. Servis, M. D.,	Ind.
Leonard Lane Blowers,		"
Job Birdsall,	Drs. Loomis and Taylor,	"
Benjamin Franklin Hatch,		N. H.

<i>Students.</i>	<i>Preceptors.</i>	<i>State.</i>
Tharlow J. Wright, M. D.,		Iowa.
Odna Daily Brooks,	Dr. R. B. Waldo,	Wisconsin.
Daniel Porter Wooster,	Dr. M. R. Teegarden,	"
Theodore Roberts,	W. Boothe, M. D.,	Conn.
Nelson Simons,	C. L. Webster, M. D.,	Ills.
William Jackson Trumbo,	J. Borton, M. D.,	"
Amos Willis, M. D.,		"
Charles Birney Robbins,		Mass.
Lewis Sleight,		Miss.
John Calhoun Bates,	Dr. Diffenbacher,	"

GRADUATES OF THE WINTER SESSION.

David Abel Austin,	Ohio. Edwin A. Lodge,	Ohio.
Anthony Bauer,	" Wm. Holman Lowry,	Mo.
Lewis Belymer,	" Daniel Farr Morey,	Penn.
Jesse Monroe Birdsong,	Texas. Orrin E. Newton,	Ohio.
Bowen C. Howell,	Ind. William Owens,	Ohio.
Charles Carlos Brown,	Ala. James Pitts,	N. Y.
George Washington Dickey,	Ohio. Benjamin Franklin Radcliff,	Ohio.
Thomas Donaldson,	" Elzaphan R. Roe,	Ky.
Robert S. Finley,	" Lemuel Kemball Rosa,	Ohio.
Wm. W. Hadley,	N. Y. Wm. Henry Shepherd,	Md.
Joseph Frazell Hance,	Ohio. Jacob Stewart,	Penn.
James George Hunt,	" David P. Stille,	Ohio.
George H. Hutchings,	Ky. Thomas H. Walters,	"
David Lathrop,	Ohio. T. J. Wright,	Iowa.—Total 28.

GRADUATES OF THE SPRING SESSION, 1849.

Odna Daly Brooks,	Wisconsin. Renselaer C. Raymond,	Pa.
Horatio Milton Chatterton,	Ohio. George W. Read,	Pa.
Francis Dodge,	Indiana. Charles B. Robbins,	Mass.
Jesse Garretson,	Ohio. Theodore Roberts,	Conn.
George Glick,	" Alvin Shattuck,	N. Y.
James A. Gordon,	" Nelson Simons,	Ill.
R. R. Hopkins,	" Abraham Myers Stayman,	Ohio.
Augustus Kerr,	Pa. Horace C. Taylor,	N. Y.
James Milot,	Ohio. Edward Walker.	Ohio.—Total 19.
Harris Putnam Norton,	Ohio. Total Spring and Winter	47.

ECLECTIC MEDICAL INSTITUTE OF CINCINNATI.

The next course of Lectures in this Institution, will commence on the first Monday of November, 1849, and continue until the 16th of March, 1850. But one Session will hereafter be held annually. A gratuitous preliminary course will commence the first Monday of October and continue one month. The Faculty of the Institute will be arranged as follows:

HORATIO P. GATCHELL, M. D.,
Professor of Special, General, and Pathological Anatomy.

JOSEPH R. BUCHANAN, M. D.,
Professor of Physiology, and Institutes of Medicine.

THOMAS V. MORROW, M. D.,
Professor of Theory and Practice of Medicine and Pathology.

STORM ROSA, M. D.,
Professor of Principles and Practice of Homœopathy.

BENJAMIN L. HILL, M. D.,
Professor of Obstetrics and Surgical Practice.

LORENZO E. JONES, M. D.,
Professor of Materia Medica, Therapeutics and Medical Botany.

JOHN B. STALLO, A. M.,
Professor of Chemistry, Pharmacy and Medical Jurisprudence.

WOOSTER BEACH, M. D.,
Emeritus Professor of Clinical Medicine.

JAMES MILOT, M. D.,
Demonstrator of Anatomy and Surgical Prosector.

This Institution was chartered by the Legislature of Ohio, in 1845, and is under the control of an efficient Board of Trustees, who, in conjunction with the Faculty, have full powers to confer all the degrees that are conferred by any Medical College in the United States. Since the establishment of the Institute in 1845, the total number of its matriculated students has been 618—a number unequalled by any Western school in a similar length of time from its foundation. In four years it has risen to be the fifth American school in number of matriculated students, and eighth in number of graduates.

All departments of medical science are carefully taught, by a course of six or seven daily lectures, with critical examinations, and a weekly medical and surgical clinique. Not only are the common elements of medical science taught, (which are accessible in other schools and in the standard text-books,) but a very large amount of interesting and necessary knowledge is imparted, which is not obtainable in other schools. Important discoveries in the physiology of the nervous system, (not yet in print)—an extensive knowledge of our indigenous botanic materia medica, and an American system of medical practice, which changes for the better, three-fourths of the details of the healing art, have constituted the attractions of the Institute. The superiority of the Eclectic system of Therapeutics, Surgery and Obstetrics, has caused its rapid diffusion throughout the United States; and at the present time there is a much greater demand for educated Eclectic practitioners than can possibly be supplied for years. The City Cholera Hospital of Cincinnati, under the control of Eclectic physicians, exhibited but about one-half of the mortality of Hospitals under the old practice; and the private treatment of cholera, by Eclectic physicians, in Cincinnati, exhibits a mortality of but 3 and 6-10 per cent. in more than a thousand cases. In other diseases the Eclectic treatment presents a similar superiority. The leading principle of Eclecticism is to select liberally from all sources, the best methods of treatment; but to reject all dangerous and deleterious methods which impair the vital powers of the patient. Hence the mercurial, antimonial, blood-letting system of treatment, being replaced by better agencies, is regarded as unscientific and obsolete.

In addition to the above, the Homœopathic practice, which has everywhere proved far superior to the Allopathic, either in Hospital or in private practice, (a knowledge of which is indispensable to a thorough medical education,) is fully taught in the Institute by an able Homœopathic practitioner, who was unanimously nominated for the post by the Western Homœopathic Convention.

Candidates for the degree of Doctor of Medicine, must have attained the age of 21 years; and, in addition to the usual preliminary study, have attended two courses of lectures on each of the departments of medical science in this or some legally incorporated medical school, the last of which shall be in this, and shall be competent to sustain a thorough examination before the Faculty. Four years reputable practice, and an attendance on one full course in this Institution, also entitles the student to become a candidate for graduation.

The tickets of Professors (\$10 each) amount to seventy dollars. The Matriculation fee is three dollars; the Demonstrator's ticket, \$5; the Library ticket, (optional,) \$2. Any student, by paying \$100 dollars in advance, will secure the right to attend as many courses as are necessary for the completion of his studies. (Graduation and Matriculation fees not included.) Good board may be had for \$2 or \$2.50 per week. One student from each judicial district in the State of Ohio, will be educated gratuitously. It is the duty of the President Judge of the District, to designate some poor but meritorious young gentleman for this situation, who will be admitted free, and charged only for the ticket of matriculation, which is three dollars. Students are recommended to furnish themselves with one or more of the following text books: Wilson, Horner and Wistar, on Anatomy; Williams, Allison and Stille, on Pathology; Carpenter, Oliver and Dunglison, on Physiology; Beach, Wood, Eberle and Watson, on Medical Practice; Cooper and Gibson, on Surgery; Meigs and Beach, on Midwifery; Beach, U. S. Dispensatory, and Eberle, on the Materia Medica; Gardner and Turner, on Chemistry; Hartmann, Herring, and Hull's Laurie, on Homœopathy, as well as other standard works.

Students arriving in the city, will please call at the residence of the undersigned, first door West of the Methodist chapel, on Ninth street, between Race and Elm. Those desiring further information, will please direct a letter, post paid, to

T. V. MORROW, M. D.,

Dean of the Faculty.

PROF. W. BEACH returned by the Cambria from his tour in Europe, and is now in N. York. His new work on the practice of medicine will probably be published in the course of the present year.

B.

DEATHS BY CHOLERA.—Near Independence, Mo., on the route to California, Dr. J. Palmer, of Marshall, Michigan. In Cincinnati, Dr. J. H. Stevens, and Dr. J. A. Gordon. In Richmond, Ind., Dr. Wm. Dulin, (partner of Dr. Watts,) and Dr. F. Dodge. On the Ohio river, on his way home, W. J. Trumbo, student of the Institute. On a steamboat near Tusculumbia, Ala., W. J. Wann, student of the Institute. After treating several patients, his medicines became exhausted, and when attacked himself, medical aid could not be obtained until it was too late. These gentlemen mostly died as martyrs to their professional labors. We should learn from their deaths, that no professional skill can avail us any thing, unless we also pay a most cautious attention to the duty of self-preservation. In the death of Mr. Wann, a most estimable young man has been lost to the profession. In the others, also, we have lost efficient supporters of medical reform, whose moral and intellectual worth were highly appreciated. We would say to our friends, beware and be prompt, you know not how insidious the disease, and how dangerous its first approaches.

B.

DIED.—On the 14th inst., at the residence of her son-in-law, Dr. J. R. Buchanan, after a protracted illness, Mrs. ANN ROWAN, relict of Judge Rowan, of Kentucky, and sister of Gen. Wm. Lytle, (one of the pioneers of the West,) in her 77th year. Mrs. R. was distinguished for her generous affections, hospitality, and kindness.

T H E

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Part 1.---Original Communications.

ADDRESS OF THE ECLECTIC MEDICAL SOCIETY OF CINCINNATI TO THE PEOPLE OF THE UNITED STATES.

The recent epidemic invasion of Cholera has forcibly illustrated the necessity of being acquainted with the laws of health, and with the comparative merits of the different methods of treating disease, which are now before the public.

If the mortality of any disease depends as much upon the character of the treatment adopted, as upon the severity of the epidemic, it is highly important that the people should ascertain, as early as possible, upon what method of treatment they should rely, and should not be deceived in a matter which involves the lives of many thousands of our citizens.

It is a well known fact that a terrible mortality has attended the progress of cholera around the globe, and that many of the most distinguished physicians regard it as a disease, over which medicine has but little controlling power; and from which we cannot expect more than one-half of those who are seriously attacked to recover. So firmly convinced, indeed, are the members of the Allopathic medical profession, of the fatality of cholera, that there has arisen even a stubborn skepticism as to the possibility of any method of treatment being attended with much success.

While the most distinguished authors and medical teachers of the old school profession have thus yielded to the ravages of the pestilence, and acknowledged their inability to shield society from its devastations, a very large and respectable portion of the medical profession, having become dissatisfied with so inefficient a course, have adopted other, and as they conceive, far better methods of treatment, with the most satisfactory results.

The leading feature of the new system which has originated in America, is that it labors to preserve the vital forces of the constitution unimpaired—that it introduces a considerable number of important remedies, the value of which is not known by the members of the old school profession, and that it discards as pernicious and unscientific, the mercurializing, blood-letting practice, and the whole course of harsh, poisonous medication, which has heretofore constituted the opprobrium of medicine.

This AMERICAN SYSTEM of practice, which has been taught for near a quarter of a century, in one or more medical colleges, is called Eclectic, because it discards all bigotry, and aims to select liberally from any and every source, all valuable improvements in therapeutic science. Several medical colleges have been chartered with the object of teaching the Eclectic practice; and the Eclectic Medical Institute of this city, already outranks in numbers, thirty-three of thirty-seven old school medical colleges in the United States. In the medical profession, the Eclectic principles are propagated by their scientific truth and accuracy, as well as practical success, and the progress of every year brings the whole profession nearer to the platform of Eclecticism.

The relative merit of the old and new systems must be determined by an intelligent community, not by the endless discussion of medical theories; but by the observation of facts—by an impartial trial of each system, and a comparison of results, to ascertain which system has been productive of the most beneficial effects for society, which has stood the test in the hour of peril, and which has most effectually rolled back the tide of disease and death. To the results of such a comparison, we tender our submission, and readily will we relinquish any scheme of practice which cannot exhibit, when fairly tried, convincing evidence of its superiority.

In adopting our present system of practice, we are guided by the knowledge of its superior results. We are not blindly following the authority of teachers, but are prosecuting a benevolent reform in medical science, which deeply enlists the attachment and admiration of all who are thoroughly acquainted with its details and its results.

The comparative merit of the Eclectic Reform and of the unreformed system of Allopathy, can be determined only by estimating impartially the number of deaths which occur under similar circumstances, in the practice of the two classes of physicians, and the number of those whose constitutions remain permanently injured after undergoing medical treatment.

The best field for this comparison is in the treatment of cholera. There are many other diseases in which we would as willingly institute a comparison, but this, in consequence of the greater celebrity, and notoriety of the facts connected with its career, affords the best opportunity of obtaining authentic statistics.

From a dispassionate investigation of facts, we are compelled to come to the conclusion, that the average mortality of cholera under old school treatment, has been *at least one-half* of all the cases treated. In coming to this conclusion, we estimate both the best and the worst results of Allopathic treatment. We cheerfully admit that many of the medical profession have been led by their own good sense and innate humanity, to adopt more judicious plans of treatment than are generally pursued and regarded as orthodox, (and therefore have attained better results;) but on the other hand we have observed in so many cases a bigoted adherence to unsuccessful methods of practice—we hear of so many instances here and elsewhere in the United States, as well as in other countries, in which the physician has lost four-fifths or nine-tenths of all his cholera patients, that we are compelled to believe our estimate of fifty per cent as the average mortality to be entirely just.

The reports of seven hospitals of Paris, up to the 5th of May, 1849, exhibit 1356 cholera cases, of which 844 died, and 512 recovered, being a mortality of 62 per cent.

The reports of Allopathic physicians of Cincinnati to the Board of Health, in the month of May, (when the disease was in its mildest form; when not more than one case in a hundred presented very dangerous symptoms, and when some of the Faculty even denied that a cholera epidemic existed,) exhibit out of 432 cases treated by them, one hundred and sixteen deaths, or a mortality of 26 per cent. The mortality of the succeeding month, it is well known, was more than twice as great with all classes of practitioners, and if the profession had not refused to report their cases for those months, (thus evading a fair issue,) we can have little doubt they would have exhibited, during the most malignant period, a mortality of fifty, sixty, or seventy per cent.

So well known and admitted is the usual mortality of cholera patients under old school treatment, that even its most zealous champions, such for example, as the *Western Lancet*, have openly admitted that the usual mortality of serious cholera cases is fifty per cent.

Dr. Watson, the most distinguished old school authority at present, in reference to the practice of medicine, even congratulates himself upon his good fortune, that only one-half of his cholera patients died, which he considers "not greater than the average mortality."

It would be easy to collect reports of a large number of cases and deaths, from the different cities of Europe, and especially of England, which show a greater number of deaths than of recoveries. But without attempting to urge this matter to the full extent that might be justified, we accept the statements of old school practice from its teachers, authors, and advocates.

Proceeding then upon the admitted fact that fifty per cent is the usual mortality of cholera patients, we would state the following facts:

HOSPITAL PRACTICE.—The City Cholera Hospital, established by the Board of Health of Cincinnati, and placed under the care of Dr. J. H. Jordan, an Eclectic physician, has received from June 6 to August 6, 254 patients; of these 24 were *in articulo mortis* when admitted, and died, on an average, in less than an hour; five died of narcotism from drugs taken previous to admission; three died of delirium tremens; thirteen died of various other diseases, and four of those which recovered were not regarded as strictly cholera cases. The remaining cases, amounting to 205, were cholera cases, which underwent treatment; of which 49 died, being a little less than twenty-four per cent, (23.9.) One hundred and fifty six were discharged cured; of whom TWENTY had been in a state of *pulseless collapse* when admitted. These results are highly gratifying, when we reflect that this hospital bore the brunt of the epidemic, and received a large number of the worst cases in the most advanced stages of the disease.

PRIVATE PRACTICE.—During the months of May, June and July, the Eclectic practitioners of Cincinnati have treated more than 1500 cases of cholera, characterised by severe and decided symptoms, such as vomiting, spasms, rice-water discharges, alarming depression of the vital powers, and great diminution or suspension of the force of the circulation. The mortality of these cases was as follows:—in May, 330 cases and five deaths; in June and July, 1173 cases and 60 deaths, presenting an aggregate average mortality of about 4½ per cent.

In arriving at this result, we have been influenced by the consideration, that a very small mortality in cholera is almost incredible to those who have witnessed the results of old school practice alone, and consequently have adopted the liberal rule of including in our mortality all cases for which the physician was in any way responsible—even those who died in consequence of disobeying directions—those who had been given up to die, by previous medical attendants, and those who were so near death when the physician arrived, as not to justify any hope whatever of recovery. Notwithstanding a considerable number of such cases, and a large number of cases of pulseless collapse, the aggregate mortality has been scarcely 4½ per cent, which is less than half the average mortality of patients from all classes of ordinary diseases in the public Hospitals of Europe; and less than one tenth of the average mortality of cholera patients in private old school practice, according to Dr. Watson.

The entire truthfulness of the foregoing statements, we are willing to submit to the most rigid scrutiny—giving the names, residence, &c. of those who have been patients. The names of the physi-

cians from whom these reports have been derived are as follows, and although from professional employments, illness and other causes, we have been unable to comprise the whole Eclectic practice of this city—it gives a fair view of its usual results.

Drs. Morrow and Hunt, 397 cases, 15 deaths; Drs. R. S. and O. E. Newton, 115 cases, 4 deaths; Dr. Israel Wilson, 204 cases 7 deaths; Dr. B. L. Hill, 42 cases, no deaths; Dr. J. Borton, 265 cases, *two* deaths; Dr. P. K. Wombaugh, 89 cases, 11 deaths; Dr. T. J. Wright, 70 cases, 3 deaths; Dr. J. Garretson, 42 cases, 4 deaths; Dr. A. Brown, 98 cases, 3 deaths; Drs. King and Main, 56 cases, 7 deaths; Dr. D. P. Stille, *thirteen* cases, *one* death; Dr. T. Donaldson, 42 cases, 7 deaths; Dr. S. H. Chase, *forty* cases, no deaths; Dr. J. Dalbey, *thirty* cases *one* death.

Total—1503 cases, *sixty-five* deaths. Mortality, 4.32 per cent, or one death to twenty-three cases.

In addition to the above, a large number of cases of choleroïd disease (commonly called cholérine,) have been treated without any mortality, and a still larger number of epidemic dysentery, in which the mortality was very trivial. Had these cases been included in our reports, the *sum total*, it is believed, would have exceeded *three thousand cases*, and the aggregate mortality would have been between two and three per cent. But, as these diseases which attended the cholera epidemic, were regarded by Eclectic practitioners as by no means formidable or dangerous, but few kept any record of such cases.

In the light of these facts, we may ask who is responsible for more than three thousand deaths by cholera, which have occurred in Cincinnati from the 10th of May to the 10th of August? Who is responsible too, for the great number of miserably salivated patients whom we now observe, and for the great number who died narcotised by opium, or who perished by other diseases, superinduced by medical treatment?

If new and successful methods of practice were received with any courtesy by the leaders of the old school party, we should be reluctant to publish these comparisons. But neither courtesy nor justice has ever been extended to Eclectic practitioners, by their well organized opponents, for many years past. The remarkable success of the Eclectic non mercurial treatment in cholera, has given rise to the most desperate efforts to diminish the effect of facts, which in this case are too public to be denied or refuted. So long as these efforts were confined to coarse abuse, or vulgar epithets, we deemed them unworthy of notice. When combined efforts were made to exclude from society, to degrade and ruin every independent practitioner, we relied upon the intelligence of our fellow citizens, certain that no conspiracy of interested individuals could long defeat the truth. But when a specific charge

—a gross slander has been concocted, and so industriously circulated every where as to gain credence extensively, amongst intelligent men, justice to ourselves, and to the truth requires, that we should promptly correct and refute the misstatement. The story has been extensively circulated here, and throughout the West, that the success of the Eclectic practitioners in cholera, was owing to the fact, that they had changed their views of medicine, and that whenever they met with a bad case, they resorted to the use of calomel.

If such had been the case, it might have been asked, how could Eclectics, the old opponents of calomel, have learned to use that drug with ten times as successful effects, as its most infatuated devotees? Such skill would be marvellous indeed.

We have traced these ridiculous stories to their origin, and find that they appear to have been originated by a few old school practitioners. But however they may have originated, we now, in the name, and by the authority of every Eclectic practitioner of Cincinnati, pronounce the whole story to be a *base fabrication*, originating we believe in improper motives, and brought into circulation by professional jealousy.*

So far from changing our views, we have gained additional confidence in the vast superiority of the Eclectic or non-mercurial treatment in all cases; and we have observed that a considerable portion of the Eclectic treatment has been adopted by the most successful old school practitioners; while some have gone so far as entirely to renounce calomel, and the lancet in the treatment of this disease, and been rewarded for their change by signal success. Nor can we doubt that in due time, the whole medical profession will adopt these views, and regard the treatment of cholera by mercurial purging and bleeding as gross quackery.

In making these remarks, we design to cast no imputation upon those who conscientiously follow their teachers in the mercurial practice, from the lack of knowledge of a better system, but do repel with the utmost scorn, the insolence of those who from inter-

*The only facts with which we are acquainted, which may have given occasion for these fabrications, are the following, viz: 1. An old school physician, (not engaged in the practice of medicine,) who had been for several years engaged in the cultivation of chemistry, had occupied the station of professor of chemistry in the Eclectic Medical Institute. This gentleman, who was well known by all as an old school physician, and never regarded otherwise, (although sufficiently independent of party spirit to co-operate in the Eclectic school,) has been known, since his connexion with the Institute terminated, last spring, to have administered several doses of calomel to his friends. 2. A relative of the above mentioned physician, attached by education and associations to the mercurial system of practice, was induced by him to attend and graduate in the Institute; in doing which he still retained his mercurial predilections, and did not espouse the Eclectic system. 3. An Eclectic physician, engaged in experiments upon poisons, purchased a few drachms of the chloride of mercury, for chemical purposes, in the presence of an old school physician, at the same time distinctly stating his object. 4. A dentist, through mistake or carelessness, reported an Eclectic patient as salivated, who had a different dis-

ested motives, labor to deceive the public—who knowingly circulate slanders, and who neither investigate fairly, nor tolerate freedom of opinion in others.

At the same time we cheerfully extend professional courtesy to all classes of physicians—to all who respect the rights of others—and we hope that ultimately a spirit of Eclectic liberality, will restore to harmony, and elevate to an honorable position the now dishonored and discordant medical profession.

J. R. BUCHANAN,	} Committee of Eclectic Med- ical Society.
J. H. JORDAN,	
R. S. NEWTON,	
J. KING,	
S. H. CHASE.	

order of the mouth, and who had not for several years, taken a particle of mercurial medicine. 5. Physicians who are not recognized as Eclectics, have sometimes been confounded with the members of the Eclectic Society, by persons not acquainted with the condition of the profession.

In order effectually to repel all imputations arising from the malicious gossip of professional rivals, the following emphatic statements are submitted:

CINCINNATI, Aug. 9, 1849.

The undersigned hereby declare that in our whole practice of the medical profession, we have never administered or recommended calomel or any other mercurial preparation, either internally or externally, and that we regard the use of such remedies as opposed to the dictates of science and humanity.

T. J. WRIGHT, M. D.,	S. H. CHASE, M. D.,	THOS. DONALDSON, M. D.
JAS. MILOT, M. D.,	D. P. STILLE, M. D.,	A. BROWN,
WM. OWENS, M. D.,	J. GARRETSON, M. D.,	O. E. NEWTON, M. D.,
EDWIN A. LODGE, M. D.		JAS. G. HUNT, M. D.,

The undersigned hereby declare, that for many years we have been opposed to the old school system of medical practice; that for several years past we have not administered or recommended calomel or any mercurial substance, under any circumstances whatever, and that we regard the Allopathic use of mercury in any case as an evidence of professional ignorance or prejudice.

JOS. R. BUCHANAN, M. D.,	I. WILSON, M. D.,
R. S. NEWTON, M. D.,	J. KING, M. D.

I have not used any mercurial preparation for the last twenty years, in the treatment of any form of disease whatever. T. V. MORROW, M. D.

I hereby certify that I have not administered a dose of calomel, or recommended it as a medicine in any disease whatever, for 16 years. J. BORTON, M. D.

I have never given or prescribed a grain of calomel, or any other mercurial preparation in my life. J. H. JORDAN, M. D.

I have not used a grain of mercurial medicine for several years, and I regard its Allopathic use as dangerous and improper. H. P. GATCHELL, M. D.

I hereby declare that in the practice of medicine for many years past, in every variety of disease, I have never used calomel or any other mercurial medicine.

P. K. WOMBAUGH.

From my intimate acquaintance with Drs. A. H. Baldridge, B. L. Hill, and L. E. Jones, Eclectic Physicians of this city, who are at this time absent on professional business, I can state positively that their medical practice has been entirely without the use of mercurial medicines, for many years past.

T. V. MORROW, M. D.

UVULARIA PERFOLIATA—(MOHAWK WEED, &c.)

BY SAMUEL A. HUMPHREY, M. D.

The medical properties and uses of this plant, are, I believe, entirely unknown to writers on *Materia Medica*, and consequently they are unknown to practitioners of medicine generally. It however deserves to be placed among our remedial agents, and to hold a rank in our *Materia Medica*, inferior to but few of our indigenous plants.

I shall not give its *Botanical* character, for the simple reason that almost all readers of medicine have works on that science to which they can refer.

Description.—The stalk rises from six to eighteen inches high, and is most frequently divided into two equal branches at the top, on one of which there is one triangular seed vessel. The leaves are separate and perfoliate. The blossom is yellow and unfolds in May. The roots are white, fibrous, and possess neither taste nor smell in any great degree. The fibres are about the size of a large knitting-needle, and number from eight to twelve to a stalk. It grows on rich hill sides, and in moist bottoms in the timbered land, and is probably to be found in all the Western States. In its general appearance it resembles the Solomon Seal when young, for which it may be mistaken at first view.

Properties.—The medical properties of the plant are as yet but little known. Indeed the therapeutic action of almost all our remedial agents is fully revealed, only, by careful observation, when cautiously exhibited in different conditions of the system, and under different modifications of disease. It requires years of close watching frequently, to bring to light the multiplied influences and actions of our simplest plants.

The generic name of this plant was derived from the fact that it was formerly used in diseases of the Uvula, but with what effect I am unable to say. The Indians of this country are said to have used it for the cure of snake bites, which must have been a frequent accident among them, as it is yet common among the whites.

Having known its value in poisonous stings and bites for a length of time, I was led to the use of it in other cases by the thought, that it must certainly be good for other diseases, if it has the power of control over the poison of the rattle snake.

The first application of it was made to an erysipelatous face, much swollen and of five days standing. It should have been remarked, that all the usual remedies had failed in this case, and the only alternative left was to try the same means again, or find something new.

At a venture I tried the *Uvularia*, and in six hours the swelling and redness disappeared; and in six more the patient was well.

The second case was Erysipelas also, of some weeks standing, in which Tinct. Iodine, Nit. of Silver, &c. had been used, but with no benefit. An application of this article for thirty-six hours bleached the face as white as women commonly get in this country. Since that, we have relied on this article in Erysipelas, using however constitutional means in conjunction with it, and so far we are satisfied, that it *will arrest* the Erysipelatous action at any stage, Dr. Watson to the contrary, notwithstanding. (See Watson's lect. p. 1030.)

The next thought that occurred to me in reference to this article was, that I would try its effects in Acute Ophthalmia. The first application to this disease was to me a fair test of its utility. The case was one of extreme and unmitigated suffering of forty-eight hours standing. An hour's application of this article procured ease and sleep; and twelve hours continuance cured the eye.

Since that time myself and partner, Dr. Peabody, have used it in a great number of cases in which an external inflammation existed, with the happiest effects. We consider that Erysipelas, Ophthalmia, and all the class of Herpetic diseases, are under the control of this agent when properly applied.

Of its effects when exhibited internally, I am not so fully satisfied; but from the few trials made, I am led to believe that it possesses a sedative property that may be of vast utility in gastritis and other inflammations of the alvine canal.

When given internally, the superfine powdered root should be used. When applied externally, the root should be finely powdered, (either green or dried,) and mixed with hot new milk to the consistence for a poultice, and applied to the inflamed parts as is customary with other poultices, and renewed when dry.

Preparation.—I have prepared an ointment from the roots and tops, (when green,) by simmering the powdered article in lard, for an hour, over a slow fire, and straining by pressure. This may be used in herpetic affections, and for sore ears, mouths, &c. of children, and also, in mild cases of Erysipelas.

Danville, Ill., July 2d, 1849.

UNITY OF MALARIOUS FEVERS.

BY A. H. WILLIS, M. D.

Although much has been said and written upon the subject of Fever, I cannot refrain from adding something, in an imperfect manner, confirmatory of the opinion, that all fevers which are of

miasmatic origin, are indeed but one and the same disease, and require a similar treatment.

Two years ago I left the Eclectic Medical Institute, and located in Missouri, mainly for the purpose of acquiring a practical knowledge of the fevers of the West; and have devoted most of my time since to this subject. And that I might not fail in getting a true insight into their nature, I made it my business to sit by the bedside of my patients, and witness the rise, progress and decline of the paroxysms in almost every variety of constitution.

I shall not now attempt to give my opinion as to the origin of this miasm, and the manner of its introduction into the constitution; but merely wish to speak of its effects, as I have witnessed in patients who were under its influence. And probably I cannot better give my opinion than by following in order the chain of my observations.

The first case worthy of remark, was one of well-marked ague; and which after having continued in the quotidian form for a number of days, turned to a well-marked case of Bilious fever. This change from the common ague to Bilious fever, was caused by an accumulation of bilious matter in the stomach and bowels; in proof of which I observed the fever lose its bilious type and assume the intermittent form after a thorough evacuation.

My observations in this case deeply interested me in the subject of intermittents, which manifested a variety of character. Some of them were ushered in (after the premonitory symptoms) by an hour's shake, followed by an hour's fever and an hour's sweating; others by a few chilly sensations, a much longer fever and shorter sweating stage; and in many instances, no perceptible moisture, more than a softening of the muscular and dermoid tissue. In watching the various modifications of intermittents, from the best defined to their most marked form, I was led to the opinion that the following named fevers deserve to be expunged from the list, as such, and set down as masked ague or intermittent. And I may here add, that after I came to regard them as such, I shaped my treatment accordingly, and the gratifying result was complete success:

1st. **BILIOUS FEVER.** I have seen this result from common ague. The intermittent would seem to lose the length of its chilling and sweating stage, and have the intermediate hot stage prolonged in proportion to the accumulation of bilious matter in the stomach and bowels. This accumulation was almost always accompanied by severe pain in the head; sometimes by delirium and pain in the small of the back—relieved by purgatives, and anti-periodic treatment.

2d. **YELLOW FEVER,** resulted under my observation from an intermittent, by an obstruction in gall duct; or in other words, took on the yellow form in consequence of being blended with an icte-

ric cause; relieved of yellow symptoms by jaundice treatment, and cured by anti-periodic.

3d. **INFLAMMATORY FEVER**, I have noticed, depended, for its inflammatory type, upon the peculiarity of constitution and other causes; but upon none which I could trace to a malarious origin. I have seen inflammatory fever result from an intermittent; or rather, I have seen an intermittent put on the inflammatory type and lose its distinctive type to the eye, of intermittent fever—relieved by antiphlogistic or inflammatory treatment of the inflammatory type, and then cured of its intermittent form by anti-periodics.

4th. **CONTINUED FEVER**, is but a quotidian that has from hepatic or other causes lost its chilling and sweating stage, and had its febrile symptom so lengthened as to consume in its rise and decline 24 or 48 hours. I have seen a number of well marked cases of this form of fever, but always could find in them a periodical type, the fever being kept in a continued form by means of irritation or inflammation. Continued fevers have always lost their continued type in my practice, by means of a thorough evacuation by stool and skin—and their periodical form by anti-periodics.—There are other forms which intermittents may take on, but enough is hinted at to show that I look upon all fevers of malarious origin, as a unit or one fever; or, in other words, as **MASKED AGUE**: and as such I have treated them, without the loss of a single case.

Again. In the treatment of fevers, I found that they always gave way, or were arrested by an anti-periodic, unless hindered by spinal, hepatic, enteritic, gastric, pulmonic, or other causes of irritation or inflammation. And hence I found it always necessary to relieve the case of any complications of this character, before I administered the anti-periodic; for experience proves to me, that if an anti-periodic is given, and from accidental causes fails to arrest the paroxysm, it loses much of its power, and if continued while these causes are in vigorous action, it will become powerless.

This fact is often noticed in common Ague—the ague pills often fail in arresting the paroxysm, in consequence of the exposure of the patient to causes calculated to favor the chill; and it is notorious, that persons who have used Quinine and thus hindered its salutary operation, use it in vain after the system has become used to it. In such cases, both in ague and fever of other types, I always omitted its use for a sufficient length of time to enable the system to regain its lost susceptibility; and then found its administration followed by a total arrest of the disease.

CASE OF CHRONIC PHLEGMASIA DOLENS.

BY N. L. VAN ZANDT, M. D.

Messrs. Editors :

I deem the following case one of peculiar interest, as it is one of those affections for which no efficient treatment, heretofore adopted and recommended by the *regular faculty*, or any other faculty, save our own, can be relied upon with safety, or is even worthy of trial. The ultimatum of medical science might be considered as attained, if, after so many eminent physicians and surgeons treating such a case altogether in vain, and pronouncing it incurable, none could be found who would dare reverse the prognosis of this disease, as well as that of many others, and emerge from the old labyrinths of medical despondency, to breathe in a pure and free atmosphere.

The subject was a Mrs. McGintis, of Brant, located some 12 miles from Troy. She, however, resided here during most of the treatment. She is now 54 years of age, of lean, spare make. The chronic form supervened from the acute, which came on about two weeks after confinement, in the year 1834, from the usual cause.

The urgent symptoms were allayed in a few weeks, but it soon broke out into indolent ulcers, (three in number,) which yielded a small amount of black sanious matter. Leg enlarged, perhaps to twice its natural size—almost black, from below the ankle up as far as the hardness extended, which was near the knee,—veins of the foot and leg varicose,—anchylosis of the ankle joint, and stiffness of the toes; indeed, the whole leg seemed to be callous. Whenever the patient took cold, there would be an aggravation of all the symptoms; œdema sometimes extending up into that side of the body, and frequently into the opposite limbs; attended with dyspnoea and various constitutional disturbances.

The treatment adopted by the fourteen physicians and surgeons, besides that of a score of old women, was about the same, or equally *scientific*. All, but one surgeon, bandaged downwards. Their plea was, that it would “keep it in the leg;” thereby preventing fatal consequences; but a varicose state of the veins was the inevitable result. Poultices were about the only means resorted to, such as boiled oats, bran, elm, flax seed, &c. &c.; one composed of the *Fimus Bovillus* was prescribed by one of the *learned profession*, and strict perseverance enjoined. This, with the addition of some salves and nostrums, ended their profound treatment and consummate skill.

When I undertook the case, one of these all-wise sons of *Æsculapius*, sent me word, that if I did heal it over, it would break out

in some other part, and produce a fatal result. I replied, that I understood what I was about—that I lived under a new order of things; a new dispensation—and was not in the habit of being driven from my purpose, by the “ipse dixit” of the now very benevolent part of the profession, who shudder at the very idea, of a patient coming under Eclectic treatment, or any one who was not *orthodox* and *regular* in his practice.

The treatment was commenced by the Bitter Herb fomenation, applied in the usual manner. This was kept up, by times, during the whole course of medication. The Com. Stim. Liniment was used two or three times per day. A poultice composed of Gum Myrrh, Sumach Berries, Capsicum and Hydrastis simmered in spirits, was used with much advantage. This soon changed the state of the ulcers, and got up a healthy inflammation. But such was the callous and hardness about the issues, that it was deemed expedient to apply the caustic potash, in order to remove the large amount of inorganized or dead matter existing in the ulcers; after sloughing had commenced, it was kept up by that alone; using a poultice of *Ulmus Fulva* after each application of the caustic. This got up a copious discharge from the ulcers. Compression and bandages were not used all the time, heretofore, as now, on account of other applications.

The Alterative Syrup, occasional cathartics and tonics, were used as they were indicated throughout the treatment.

Under this course, she began to improve from the first; on the first day she began to work her toes; on the eighth, we witnessed the tendinous part of the extensor muscles, moving above the annular ligaments. This she had not seen before for six years or more. The color began to recede downwards, until it formed an areola around each ulcer. Here it seemed to stop for a time—fleshy excrescences filling up the cavities of the sores; this was again removed by caustic.

Recourse was now had to the cold water bandage applied as long, for a time, as the patient could bear it. Again it improved rapidly for some time, till two of the ulcers had healed over with an almost normal appearance of the surface. But around the outer and upper one, there still remained a very dark color, apparently deep seated. I was at a loss for some time how to proceed, as the bottom of the ulcer appeared to be of a healthy aspect and in good condition. It now occurred to me, that the deep seated facia, must be infiltrated with a kind of *Pigmentum Nigrum*, or poisonous deposition of perspirable matter, which was unable to be carried off by the absorbent vessels, or by any external opening. I resolved to apply the Stick Caustic, and burn down through a thick membrane, that seemed to invest or cover it; and upon dissecting it up, found that my convictions were right.

This was a severe operation, causing some uneasiness of the patient, produced more perhaps by the advice of credulous friends, than the measure of treatment. The discharge was still promoted by caustics and escharotics, at the same time keeping up the last mentioned treatment; and such other means, as were deemed necessary. The Black and Yellow salves were used, and various cleansing washes. At this juncture, she moved away—still somewhat discouraged. I gave her a few preparations, and remarked that it would now soon get well. I heard from her in about three months; it was then about the size of a five cent piece, and still gaining.—It is now two months since hearing from her: it is probable that it is entirely healed. The hair had grown out, with the natural size and color restored. She is now enjoying the perfect use of her limb, and much better health than formerly.

Other cases might be mentioned of similar interest met with in my practice, some of the same kind, but I forbear. Suffice it to say, that the cause of Medical Reform, is the cause of humanity, and that of humanity is mine.

Troy, Miami Co., O., June 18th, 1849.

CHOLERA IN NASHVILLE.

Letter from Dr. Warne to Prof. Morrow :

NASHVILLE, Tenn., July 5th, 1849.

Prof. T. V. Morrow :

DEAR SIR.—I wish to make you acquainted with a remedy for Cholera, which I have used with great success in all cases where collapse has not taken place. If found worthy of your confidence, publish it in your Journal for the benefit of Eclectic practitioners.

Amongst a great number, I will give you two very confirmed cases, which were treated by the mixture, successfully. Mrs. Speck, aged 34, living on College Hill in this city, was attacked with cholera, and treated by a very respectable physician of the Old School for 36 hours, during which time, he gave her small doses of calomel and opium, and the usual treatment in such cases, as is practiced by the old school faculty. Having received no benefit, and continually getting worse, I was called in consultation. I found her vomiting and purging, with rice water discharges, cramp in the extremities and stomach, at very short intervals; skin corrugated and blue, with a cold sweat all over the body; no pulse at the wrist; very restless; with much difficulty the bed clothes could be kept on her. There was great thirst; she expressed herself as burning up in the bowels and stomach; kidneys entirely suspended. I proposed giving her my mixture, he readily consented. One

table-spoonful, to be repeated as often as ejected from the stomach, afterwards every 15 or 20 minutes, until the bowels ceased to operate, then every two or three hours; and as much beef tea as the stomach would retain, to be continued all night. The first dose given was vomited, the second retained; from that time she commenced improving. The next morning ordered Quinine and Rhubarb in small doses, every hour, and the mixture three times daily. The same treatment was continued with slight alteration, until well, which occupied six days. The usual external applications were used, to generate heat, such as bags of hot salt, bottles of hot water, &c.

CASE 2D.—A Negro boy belonging to a Mr. Driefass, of this city, 7 years of age, was taken with vomiting and purging; with cramp in the extremities and bowels; pulse very feeble; tongue exceedingly white, deeply coated and furrowed, with intense thirst, having all the symptoms of the cholera in the advanced stages.

In this case I was called in as soon as possible. I gave him an emetic of Ipecac., the contents thrown up had the appearance of brown jelly, difficult of separation, in large clots, intermixed with a little bile. Having placed a little of it on my tongue, I found it intensely acid. After keeping up the emesis for twenty to thirty minutes, with large draughts of warm water, the cramps left him. I then gave him a half table-spoonful of the mixture every half hour; his thirst soon ceased; he had no passage from his bowels after two hours. Then I ordered it every four hours, with beef tea to nourish him, and hot bricks to his feet; he soon went to sleep, and slept the greater part of the night. The next day, mixture three times daily; Quinine and Rhubarb every hour through the day, in small doses. He was well in four days.

I have found in slight cases, the neutralizing mixture, with an emetic, to cure every case. In most cases an emetic is of great service in the commencement of the treatment.

The old faculty here, as elsewhere, spurn everything that emanates from any other source than their own. Their practice in Nashville is calomel and opium, and every one dies that nature would not have cured.

Yours, Respectfully,

WM. WARNE, M. D.

R Carbonate Ammonia,	
Carbonate Soda,	
Creta Preparata,	℥ 3ij,
Nitrate Potass.,	3j,
Opii Tinctura,	3iij, fl.
Aqua Mentha Piperita Distillata,	3viij.
Fiat Mixtura.	

Dose one table spoonful every two or three hours, or oftener, if necessary. To be repeated as often as thrown off the stomach.

CHOLERA IN ILLINOIS.

MONTE BELLO, Ill., June 12, 1849.

Prof. Morrow and Buchanan:

GENTS.—Since I last had the pleasure of conversing with you, I have treated some fifteen cases of *Asiatic Cholera*., in all its stages, and have lost but one patient, in whom it was complicated, with puerperal convulsions.

My treatment has been, if called during the incipient stage, to arrest the diarrhoea or vomiting, to give grain doses of the following compound: Tannin morphia sulpha and macrotin, $\acute{a}\acute{a}$, every fifteen minutes, till checked. This, followed with large doses of Beach's Neutralizing Physic, was in general all-sufficient. If accompanied with cramp, or cramp followed, the same, with five drops of the solution of camphor in chloroform, (this compound I form of about three parts of camphor to one of chloroform,) at the same time apply warm fomentations of dog fennel, (*Anthemis cotula*) over the region of the abdomen, changing often; and hot applications or draughts to the feet.

If in a state of collapse, I give large doses of Tincture of Capsicum, combined with camphor and chloroform, and hot applications as before.

I have always made it a rule to give patients hot soups of chicken, &c., very highly seasoned, or milk boiled, thickened with flour, and highly flavored with allspice, whenever the stomach could bear it, and to this portion of the treatment I think I owe my success, as I deem it necessary to replenish the drain of the system. In giving them early, they seem to check the action of the exhalents that are so busily engaged in draining the serum of the blood, and by arousing the absorbents remove the morbid action.

The Eclectic system was unknown here until introduced by me; it is decidedly popular. I have a good practice. There is room for one hundred reformers in this country. Calomel is below par.

Yours, Respectfully,

N. T. WINANS.

CHOLERA IN INDIANA.

Extract from a letter of Dr. J. S. Watts:

I will give you a little account of our visit of the epidemic. It broke out nine miles south of this place, in a little village named Boston. It came in its most malignant form; were not called until there had been several deaths. There had been some three or four old school physicians treating the disease; they had not saved one case—all died, and one of the physicians of the place also. We

commenced treatment according to the principles taught in the Eclectic Journal, and found it a successful mode, in every case where we got to them before they collapsed. I contracted the disease by laboring among it, came home, had a very severe attack, but am now convalescent. Our students, three in number, also were taken; each had a violent attack, but they are now all getting well. My partner, Dr. Wm. Dulin, at length took it, and despite of every effort, died. Before being attacked, he said if he should take it he would die. His mind appeared to be impaired; we were unable to inspire him with any hope at all. He appeared to die of extreme prostration, and did not have any vomiting, and no extreme purging, nor cramps. It appears when the mental energy becomes prostrated, we cannot save them.

Dr. F. Dodge, a graduate of our school, came to see me when I was taken down, and there being so great a demand for help at Boston, he at length repaired, in very feeble help, having just got up from an attack of dysentery, labored a few days, was very successful; at length took the disease and died, for the want of attention.

I wish you would inform me whether cold water, even ice water, is admissible in the disease. Some of our physicians give it freely here. It is not raging much in our place yet; some six or eight cases are all.

Cold water in small quantities, or ice may be admissible, when the reaction has been fully established, and perspiration is free. In such cases it frequently answers good purpose in tranquillizing the stomach, and relieving thirst. A similar purpose is answered by a very small portion of elixir vitriol in water, flavored with the essence of lemon. This is also an excellent remedy in the preliminary stages of cholera, checking the diarrhœa, &c., readily.—B.

CASE OF CHOLICA PICTONUM.

Editors of the Eclectic Medical Journal:

GENTLEMEN:—I have rather an interesting case under the above title to report, with the treatment. Should you think it of sufficient interest to lay before your readers, you can so use it.

In October, 1848, I was requested to visit Mr. Ablery, of this city, about forty or forty-five years of age; German by birth, engineer by profession. At the time attacked, he was running an engine in a white lead manufactory, of this city; had suffered from two previous attacks; but they were mild, he informed me, compared with the present one. When I first saw him, he had been under the treatment of two "Old Hunker" physicians, for four days, and

abandoned by them as incurable. Under these circumstances I took charge of the case; as his former physicians had given him over to the valley and shadow of death, (without stating what *they* thought was the difficulty,) I did not consider, (should he even die,) that my professional reputation would suffer.

On examination, the following symptoms presented themselves: severe pain in the occipital region, extending to the shoulders; stomach irritable, with frequent vomiting; tongue coated white in the center, with red edges; great thirst; pulse not exceeding sixty to the minute, *very full and corded*. There seemed to be an ineffectual effort of nature to rid herself of an oppressive burden; great heat and tenderness of the bowels and stomach; by pressing on the stomach, the pains seemed to shoot through the thoracic region; urine scanty and high colored; surface dry and constricted, with permanent constipation, not having had an action on his bowels for four or five days; countenance pale, contracted, and expressive of acute suffering, with severe griping pains of the bowels.

I commenced the treatment by giving a cathartic composed of *Pod. Pelt.*, *Iris versicolor* && finely pulverized, and well mixed, to be given in drachm doses, every two hours, assisted by an enema, composed of jalap and senna powders 3j, Oleum Ricini 3ij, Molasses 3iv, muriate of soda 3ij, warm water one pint; one half to be given, and repeated in thirty minutes; also bitter herb fomentation to the stomach and bowels, to be frequently changed, with 10 grs. Diaphoretic powders, at bed time.

On my return, I found the symptoms about as I left them, stomach ejected everything taken into it; still severe pain in the bowels, and a continuation of the pain in the posterior and lower part of the head. Ordered mustard to the nape of the neck, which procured permanent relief; had mustard applied over the stomach and bowels; enema repeated, with the addition of four or five drops of Oleum Tiglii, also two drops combined with one-fourth grain extract of Belladonna, to be given internally. The injection passed away without any perceptible effect. Witnessing the total failure of all ordinary means, I determined to make another and final effort. Under these circumstances, the following enema suggested itself: *R* Adeps 3iv, Molasses 3iv, Muriate of Soda 3iij, Tincture of Lobelia Inflata 3iv, warm water one pint; one-third to be well introduced with a large syringe. In about fifteen minutes it returned, followed by a small quantity of dry and hard fecal matter; we then gave him a hip bath, bowels well kneaded; after which the injection was repeated, followed by still better success. I then left him, leaving orders for the repetition of the injection during the night, with the addition of the Sudorific drops (Beach's) in doses of a teaspoonful in a cup of warm catnip tea, at intervals of fifteen or twenty minutes, till the desired effect was accomplished.

On the following day, I found Mr. A. with a decided improvement. After repeating the enema once or twice during the night, he had two copious operations, which seemed to re-establish the intestinal functions immediately; pulse more natural, tenderness of stomach and bowels subsiding; still there was febrile excitement, to remove which I gave him a febrifuge powder, composed of tonics and stimulants, accompanied with the sal soda bath, morning and evening. On pressing the right hypochondriac region, the patient complained of pain, which was speedily removed by giving Beach's hepatic pills.

The *Restorative Bitters* in the usual quantities completed the cure. Thus you see by the timely administration of nature's means, a fellow being was rescued from a premature grave.

I would remark in conclusion, that the *principal remedial agent* relied on in removing the spasmodic contraction of the intestines, was the *Lobelia Inflata*. I have used the same article in like cases since, with the same happy result. The medical efficacy of the above enema might be much improved by the addition of other valuable anti-spasmodics.

Eclecticism is gaining ground gradually in this city, and I hope to see the day when it will pull down the strong holds of Calomel every where.

J. HARVEY SHOOT, M. D.

St. Louis, May 27, 1849.

PRESCRIPTION FOR LEUCORRHŒA.

Dr. S. M. sends the following as a valuable prescription in cases of Leucorrhœa and prolapsus uteri. "Asclepias Tuberosa, two parts; Star Root, one part; pulverise and mix; add enough oil of Cinnamon to the powder to make it a pleasant aromatic; give a tea-spoonful (level full) in a little cold water, on an empty stomach, three times a day." He says he has used it in more than twenty cases, some very stubborn, with entire success.—B.

Homœopathic Department.

I cannot in the short time allotted me, give my readers a better introduction to Homœopathy than by transcribing the following from the pen of its great founder.

The article is as applicable to the controversy as when it was first penned, and has the advantage of presenting Homœopathy and Hahneman to the reader at the same time. It will demonstrate the idea that Hahneman's great moral and social elements were as essential to the realization of the idea, as his intellectual greatness was for its discovery. Nothing but a tender regard for humanity, a pure disinterested benevolence, could have sustained him through the almost trackless desert, thickly beset with difficulties, inherent in its very nature, and surrounded on every side by the most unscrupulous enemies, heaping reproaches and contumely upon him at every step.—S.

ÆSCULAPIUS IN THE BALANCE.

BY SAMUEL HAHNEMAN, 1805.

Ars autem conjecturalis cum sit (presertim quo nunc habetur modo) locum ampliorum dedit non solum errori etiam imposturæ. (Baco De Verulam, augum sc.) After I had discovered the weakness and errors of my teachers and books, I sunk into a state of sorrowful indignation, which had nearly altogether disgusted me with the study of medicine.

I was on the point of concluding that the whole art was vain and incapable of improvement. I gave up to lively reflections, and resolved not to terminate my train of thought until I had arrived at a definite conclusion.

Inhabitants of Earth! I thought how short the span of your life here below; with how many difficulties have you to contend at every step, in order to maintain a bare existence, and to avoid the trap-doors of death.

And yet how often is this disturbed—how numerous are the lesser and greater kinds of uneasiness—how innumerably great the multitudes of diseases, weaknesses and pains, which bow man down as he climbs with pain and toil towards the summit of his ambition; and which terrify and endanger his existence, even when he reposes in renown or luxury. And yet oh man! how lofty is thy descent!

how great and God-like thy destiny ! how noble the object of thy life ! Art thou not destined to approach hallowed impressions, ennobling deeds, and all penetrating knowledge, even towards the great Spirit whom all the inhabitants of the universe worship ?

Can that Divine Spirit who gave thee such a soul, and winged thee for such high enterprizes, have designed that you should be helplessly and immutably oppressed by those trivial bodily ailments which we call disease ?

Ah, no ! The Author of all good, when he allowed diseases to injure his offspring, must have laid down a means by which every torment might be lessened or removed. Let us trace the impressions of this, the noblest of all arts which has been devoted to the use of perishing mortals. This art must be possible—this art which can make so many happy ; it must not only be possible, but already exist. Every now and then a man is rescued, as by miracle, from some fatal disease.

Do we not find recorded in the writings of physicians of all ages, cases in which the disturbance of the health was so great that no other termination than a horrible death seemed possible ? Yet such cases have been rapidly and effectually cured, and perfect health restored.

But how seldom have these brilliant cures been effected when they were not rather ascribable either to the force of youth overcoming the disease, or to the unreckoned influence of fortunate circumstances, than to the medicines employed ?

But even were the number of such cures greater than I observe them to be, does it follow from that, that we can imitate them with similar happy results ? They stand isolated in the history of the human race, and they can but very seldom, if at all, be reproduced as they were at first occasioned. All we see is that great cures are possible ; but how they are to be effected, what the power, and the minute circumstances by which they were accomplished, and how these are to be controlled so that we may transfer them to other cases, is quite beyond our ken. Perhaps the art of healing does not consist in such transference. This much is certain ; an art of medicine exists ; but not in our minds, nor in our systems. “But,” it is urged in reply, “are not people cured every day in the hands of physicians, even of very ordinary doctors ; nay, even by the hands of most egregious blockheads.” Certainly they are ; but mark what happens.

The majority of cases, for which the treatment of a physician is called, are of acute diseases, that is, aberrations from health which have only a short course to run before they terminate either in recovery or death. If the patient die, the physician follows him modestly to the grave ; if he recover, then must his natural strength have been sufficient to overcome both the force of the disease and the mischief of the drugs he took ; and the natural strength does

often overcome both. In epidemic dysentery, just as many recovered of those who followed the indications afforded by nature, without taking any medicine, as of the others who were treated on the best principles of Brown, of Solle, of Hoffmann, of Richter, of Vogler, of any other, or by any other system. Many died too, both of those treated by all these methods, and of those who took no medicine; on an average just as many of the one as of the other; and yet all the physicians and quacks who attended those who recovered, boasted of having effected a cure by their skill. What is the inference? Certainly that they were not all right in their mode of treatment; but, perhaps, that they were all equally wrong. What presumption, for each to claim the credit of curing a disease, which in milder cases, uniformly recovered of itself, if errors in diet were not committed. It were easy to run through a catalogue of similar acute diseases, and show that the restoration of persons, who in the same disease were treated on wholly opposite principles could not be called a cure, but a spontaneous recovery. Until you can say during the prevalence of an epidemic dysentery, for example, "Fix upon those patients which you and other experienced persons consider most dangerously ill, and those I will cure, and cure rapidly, and without bad after consequences." Until you can say this, and can do it, you ought not to vaunt that you can cure the dysentery. Your cures are nothing but spontaneous recoveries. Often, the thought is saddening! patients recover as by a miracle, when the multitude of anxiously changed and often repeated nauseous drugs prescribed by the physician is either openly or clandestinely discontinued. For fear of giving offence, the patient frequently conceals what he has done, and appears before the public as if he had been cured by his physician. In numerous instances, many a prostrate patient has effected a miraculous cure upon himself by not only refusing the physician's medicine, but by transgressing his artificial system of diet in obedience to his own caprice, which is in this instance, an imperious instinct impelling him to commit all sorts of dietetic paradoxes. Pork, sauer-kraut, potato-salad, herring, oysters, eggs, pastrv, brandy, wine, punch, coffee, and other things most strongly prohibited by the physician, have effected the most rapid cures of diseases in patients, who, to all appearance, would have hastened to their grave had they submitted to the system of diet prescribed by the schools.

Of such a kind are the apparent cures of acute diseases. For those beneficial regulations for the arrest of pestilential epidemics, by cutting off communication with the affected district, by separation and removal of the sick from the healthy; by fumigation of the affected abodes and furniture, are wise police regulations, but do not properly belong to medicine. In the included spots themselves, when a wider separation of the infected from the healthy is not to be thought of, there the reality is exhibited. There die all, if one

may be allowed the expression, who want to die, without being turned by Galen, Boerhave, or Brown, and those only who are not ripe for death recover. Nurses, physicians, apothecaries and surgeons, are all alike borne to the grave. At the same time it is undeniable, that even in such calamities, so humiliating to the pride of our art, occasional, but rare cures occur, effected obviously by medicine of so striking a character, that one is astonished at so daring a rescue from the very jaws of death; these are the hints afforded by the Author of Life, "That there is a healing art."

But how was the cure effected? What medicine did the real good? What were the minute particulars of the case? So that we may imitate the procedure when such a case recurs. Alas! these particulars are and must remain unknown; the cure was either not observed, or not reported with sufficient exactness. And the medicine? No, a single medicine was not given; it was, as all learned recipes must be, an elixir, a powder, mixture, &c., each composed of different substances. Who can tell which of them all did the good? "The patient also drank an infusion of a variety of herbs, the composition of this I do not recollect, nor does the patient remember the precise quantity he took."

How can any one imitate such an experiment in a similar case, since neither the remedy nor the case are accurately known. Hence all the results attempted by future imitators are deceitful; the whole fact is lost for posterity. All we see is, that cure is possible, but how is it to be effected, and how an indistinct cure can tend to perfect the science of medicine, that we do not see. "But," I hear exclaimed, "it is not fair to test physicians, who are but men, with such surprizes as infectious diseases in circumscribed spots afford." In chronic diseases he will come off more triumphant; in these he has time and cool blood on his side, and he can openly exhibit the truth of his art; and in despite of Mollière, Patin, Agrippa, Cardanus, Rousseau, and Arkesilas, he will show that he can heal not only those already in health; but that he can cure what he will, and what is expected of him. Would to Heaven it were so! But to show that physicians feel themselves very weak in chronic diseases, they avoid the treatment of them as much as possible. Let a physician be called to an elderly man, lame for some years, and let him be asked to exhibit his skill. Naturally he does not openly avow, how impotent art is in his hands, but he betakes to some way of escape—shrugs the shoulders—observes that the patient's strength is not sufficient to enable him to sustain the means of cure, (in general a very enfeebling procedure in the hands of ordinary practitioners,) speaks with compassionate air of the unfavorable season and inclement weather, which must first be over, and of the healing herbs of spring, which must be waited for, before the cure can be attempted; or of some far distant bathing place where such cures are made, and whither, if his life be spared, the patient will

be able to proceed in the course of six or eight months. In the meantime, not to expose himself, and retain the patient's confidence, he orders something, of the effects of which he is not at all satisfied; but certain relief he cannot give. At one time he will remove the asthenia by internal or external stimulants; at another fortify the tone of the muscular fibre with a multitude of bitter extracts, or strengthen the digestive apparatus with cinchona bark, or he will purify and cool the blood by a decoction of unknown plants, or by means of salts, metallic and vegetable substances to resolve and dissipate suspected, but never observed obstructions of the glands and minute vessels of the abdomen; or by means of purgatives, he may expel certain impurities which flit before his imagination; or hasten by a few hours, the sluggish discharges. Now he directs his charge against the principle of gout; now against a suppressed gonorrhœa or psora; anon against some other irritant. He effects a change; but not the change he wished. Gradually, under pretext of urgent business, the physician withdraws from the patient, comforting him, that in such cases our art is too weak to be of service.

And that his so vaunted art is "too weak," on this comfortable pillow he reposes in cases of gout, consumption, old ulcers, strictures, dropsies, cachexias, spasmodic asthma, pains, spasm, cutaneous eruptions, debility, mental affections of many kinds, and I know not how many other chronic diseases.

In no other case is the insufficiency of our art so strongly and so unpardonably manifested as in those distressing diseases, from which hardly any family is altogether free; hardly any in which some one of the circle does not secretly sigh over a misfortune, for which he has tried the so-called skill of physicians far and near. In silence the afflicted sufferer steals on his melancholy way, borne down with miserable suffering, and despairing in human aid, seeks a last solace in religion.

"Yes," I hear the medical school groan with a compassionate shrug, "yes, these are confessedly incurable evils." As if it could comfort the million of sufferers to be told of the vain impotence of our art! As if the creator of these sufferers had not prepared remedies for them also, and even of them a boundless spring of goodness, compared to which, the tender mother's love is as thick clouds beside the glory of the noon day sun.

"Yes," I hear the school continue to apologize, "the thousand defects in our civic constitution, the artificial, complicated mode of life so far removed from nature, the chameleon-like luxury enervating and deranging our natural constitution, are answerable for the incurable character of all these evils."

Our art is excused for being incapable of the cure of such cases. Can you then believe that the preserver of our race, the Omniscient, did not design these complexities of our civic constitution, and our

artificial mode of life, to increase our enjoyment here, and to remove misery and suffering? What extraordinary kind of living can that be to which man cannot accustom himself without any great disturbance of his health? The fat of the seal, and the blubber of the whale, eaten with bread made of dried fish bones, as little prevents the Greenlander from enjoying health in general, as does the uninterrupted milk-diet of the shepherds in the mountains; the purely vegetable food of the poorer Germans; or the highly animal diet of the wealthy Englishman. Does the Vienna nobleman accustom himself to his twenty or thirty covers; and does not he enjoy just as much health as the Chinese with his rice soup; the Saxon miner with nothing but potatoes; the South Sea Islander with his roasted bread fruit; and the Scottish Highlander, with his oat-meal cakes?

I am ready to admit that the contest of conflicting passions, the many enjoyments, the luxurious refinement, and the absence of exercise in fresh air that prevail in the labyrinthian palaces of great cities, may give numerous and more rare diseases than the simple uniformity in the airy hut of the humble mountaineer.

But that does materially alter the matter.

For we can just as little cure with our remedies, the watery of the peasant of lower Saxony, of Hungary, and Transylvania; the Radesyge of Norway; the Sibbens of Scotland; the Potine of Lapland; the Pelagea of Lombardy; the Plica Polonica of certain Sclavonic tribes, and various other diseases prevalent among the simple peasantry of various countries, as we can the more aristocratic disorders of high life, in our large towns. Must there be one kind of medicine for one of these, and another for the other; or when the true principle of the healing art is discovered, will it be equally applicable to both? This principle may not be in our books, nor yet in our heads; but there is such a principle; it is a possible discovery. Occasionally a brother practitioner, by a lucky hit upon a cure which astonishes half the world about him, and not less himself; but among the many medicines he employed, he is by no means sure which did the good. Not less frequently does the neck-or-nothing practitioner, without a degree, whom the world calls a quack, makes as great and remarkable a cure. But neither he, nor yet his brethren with a diploma know how to eliminate the evident and fruitful truth which the cure contains. Neither can he separate and record the medicine which certainly was of use out of the mass of useless and obstructing ones they employed; neither precisely indicates in which it did good, and in which it will certainly benefit again. Neither knows how to abstract a truth which will hold good to all posterity, a certain unfailing remedy for any such case that may occur in the future. Strange as it may appear, his experience in this one will almost never be of service to him in any other. All that we can learn is, how helpless medicine may be; but from these and a hundred other

cases, it is quite manifest that as yet, it has not attained the rank of a science; that even the way has yet to be discovered, how such a science is to be learned and taught; as far as we are concerned, it cannot be said to exist. Meanwhile, among these brilliant but rare cures, there occur cases, which, however great the surprise they excite, are not of a character to be imitated, *SALTI MORTALI*, madly desperate attempts by means of the most powerful drugs, in enormous doses, which brought the patient into a state of dreadful danger, in which life and death wrestled for the mastery; and in which a slight unforeseen preponderance on the side of kind nature, gave the fortunate turn to the case! the patient pitched into the throat of death, recovered himself, and escaped.

How does it happen that, in the three thousand years since *Æsculapius* lived, this so indispensable art of Medicine has made so little progress? What was the obstacle? for what the physicians have already done is not the one hundredth part of what they might and ought to have done. All nations, even remotely approaching a state of civilization, perceived, from the first, the necessity and inestimable value of this art; they required its practice from a caste who called themselves physicians. These affected, in almost all ages, when they came in contact with the sick, to be in perfect possession of this art; but among themselves they sought to glory over the gaps and inconsistencies of their knowledge, by heaping system upon system, each made up of the diversified materials of conjectures, opinions, definitions, postulates, and predicates, linked together by scholastic syllogisms, that enabled each leader of a sect to boast himself of something. There did he build a temple for his idol—a temple worthy of it—in which the inquirer would be answered by an oracle untainted, and endowed with a knowledge of healing. It was not till most recent times, that an exception to this rule occurred. We were no nearer the discovery of the science of medicine than in the time of *Hipocrates*. This attentive acute observer, sought nature in nature. He saw and described the diseases before him, without addition, without coloring, without speculation. In the faculty of pure observation, he has been surpassed by no physician that has followed him. Only one important part was this favored son of nature destitute of, else had he been all powerful in his art; the knowledge of medicines and their application. But he did not effect such a knowledge—he acknowledged his deficiency in that he gave very few medicines, (because he knew them too imperfectly,) and trusted almost entirely to diet. All succeeding ages departed and wandered more or less from the path, the later sects of the empirics and *Areteus* excepted. Sophistical whimsicalities were pressed into service; some sought the origin of disease in a universal hostile principle, in some poison which produced all evils, and which was to be contended with and destroyed. Hence the universal antidote which was to cure all

diseases, called theriam, composed of an innumerable multitude of ingredients, and more lately the methradatum, and similar compounds, celebrated from the time of Nicander down almost to our own day. From these ancient times came the unhappy idea, that if a sufficient number of drugs were mixed in the receipt, it could scarcely fail to contain the one potent over the enemy of health, while all the time the action of each individual was little, or not at all known. And to this practice, Galen, Celsus, the later Greek, and Arabian physicians; and in the revival of the study of medicine in Bologna, Padua, Seville, and Paris, the schools there established, and all succeeding ones, have adhered.

(To be continued.)

Through the generous liberality of the Eclectic School at Cincinnati, we are permitted to fill a portion of their Journal with Homœopathic matter. The materials for this number were got up in great haste, which may in part account for the want of variety. We invite the Homœopathic school generally, and especially in the West, to communicate essays, observations, and cases, for the general advancement of the cause. All Homœopathic exchanges should be mailed to the address of David Shepherd, Bissels, Geauga Co., Ohio.

All communications intended for the Journal should arrive by the first of the month, directed as above, and post paid.—S.

LECTURE ON CHOLERA.

THE VARIETIES, DIFFERENT STAGES AND SYMPTOMS OF CHOLERA,
AND THE HOMŒOPATHIC TREATMENT.

The following "Lecture on Cholera," by Dr. B. F. JOSLIN, was delivered before the Homœopathic Dispensary Association of New York, and Phonographically reported for and published in the N. Y. Daily Tribune:

Dr. JOSLIN on rising, said—

Half a century has elapsed since the great Homœopathic reformation in medicine was commenced by Hahnemann. He lived to see his system adopted by learned practitioners of the old school in almost every civilized country on the globe. It has been advancing every year of the fifty-two that have transpired since its birth.

Attempts have been made to arrest its progress, by circulating rumors of its decline. In the country there are such rumors in

regard to New York—in New York in regard to Europe. Such representations are just the opposite of the truth.

They are probably made by individuals who have no intention to deceive, but who are grossly ignorant of the facts. Our brethren of the old school have no means of knowing the extent, much less the success of private Homœopathic practice.

In regard to the appreciation and success of Homœopathia in this city, I need only appeal to disinterested laymen—to the testimony of their public acts. Last winter the New York Homœopathic Dispensary was organized, under the government of thirty-two Trustees. These are well known in this community as gentlemen of great intelligence and respectability, and who are not members of the medical profession.

Having for some years in their own houses, watched the effects of a pure Homœopathic practice, as administered by their family physicians, and having themselves enjoyed its advantages, they were animated with the benevolent desire to extend these blessings to the poor. To the establishment and support of the Dispensary, they have consecrated their money and their time.

The prescriptions at the Dispensary have been made by fourteen Homœopathic physicians, who receive no salary, and who—like all other physicians recognized as such in our school—are regularly educated and graduated doctors of medicine.

The medical practice of the Dispensary is purely Homœopathic, and nearly all of it of that high Hahnemanian order, which has everywhere been found most successful.

The report of the Trustees embraces a period of nine months, during which time 407 patients were treated. Though many of these patients were so sick as to be treated at their homes, and some of them attacked with acute and dangerous disease, *only one died*. There were twelve cases of fever, including typhus, all of which were cured.

You frequently hear persons who have no experience in Homœopathia—or who at most have seen its effect in chronic cases—saying I would not dare to trust it if I were *very* sick, with a dangerous and rapid disease. There must be no child's play *then*. I should want some thing that would act *powerfully* and *quickly*.

Now, I assure you that Homœopathia is *that very thing*. Ten thousand physicians find it to be such; know it to be such. They know that in their own former allopathic practice, and in that of their brethren of the old school, no violent and rapid diseases have been cured as surely and promptly as they now cure them by the Homœopathic method. If I were called to test the relative merits of the two methods, before a tribunal of intelligent allopathic physicians—if my life depended on the result—I would select violent and rapid diseases, in preference to any other; and I would give attenuated medicine in small doses.

I claim no peculiar confidence. There are thousands of physicians who would insist that they and their dearest friends should be treated Homœopathically, however critical their condition. The greater the danger, the more imperatively necessary to adhere to the only safe law.

Homœopathia has been eminently successful in dangerous *Epidemic* diseases, caused by some subtle poison in the atmosphere, whether communicated from the sick, or from any other source. In the typhus fever that prevailed to some extent in this city last year, the Homœopathic physicians demonstrated the truth and power of their system by the success of appropriate remedies, and especially *Rhus radicans*.

A still more destructive form of this epidemic typhus broke out in the routed army of Napoleon, during his disastrous retreat from Russia, and spread from it through a great portion of Europe, baffling the skill of the most learned physicians. The disciples of Hahnemann, under the direction of their master, and with his remedies, *Rhus toxicodendron* and *Byronia*, were the only physicians capable of successfully encountering the enemy. What a contrast between the military conqueror of Europe, and its medical deliverer! Homœopathy is never routed; Hahnemann never surrenders!

But, says one, what will you do when the cholera comes? Will Homœopathsists think of meeting it? I will let this be answered by the Trustees of our Dispensary; men—as you have seen—who think that a system which is good enough for the poor is good enough for themselves. What are they about to do? To apply to the Common Council for hospitals, for the Homœopathic treatment of Cholera, in case it should invade this city, and to tender the services of their board of physicians. This shows the confidence entertained in this system by intelligent men, who have the means of knowing the relative merits of the two modes of practice.

But a friend asks me, “what will you do in private practice?” I answer—as all my brethren of the school would—I will treat the disease Homœopathically. I perceive that he almost trembles at the thought, provided he is a new convert, and unacquainted with the Homœopathic history of cholera. I say to him there is no method which can compete with Hahnemann’s in cholera. “Has it ever been tried?” says he.

I will let statistics answer this question, and show the relative results. Whence the horror which the name of this disease awakens? It comes from the deplorable failure of Allopathic treatment. At the Quarantine, on Staten Island, and in the ship that brought the disease there, 64 cases of the cholera have occurred, of which 32 have died. Thus one-half of the patients have already been lost—to say nothing of those who are still under treatment and liable to die. I challenge any man to cite an instance of such

mortality among 64 persons under Homœopathic treatment, for any acute disease whatever, and in any part of the world.

Rut as ratios obtained from large numbers are more reliable, for showing the true average, I shall confine myself to the cholera of 1831-2.

In 1832, there in this city, including Bellevue, 5232 cases, of which 2031 died; *i. e.* nearly one out of every $2\frac{1}{2}$ or $2\frac{3}{4}$, or, in round numbers, nearly 2 out of 5. Of persons treated at their homes, there were 2859 cases, of which 937 died, *i. e.* about one in every three persons attacked. In the hospitals—including Bellevue—there were 2373 cases, and 1094 deaths;—that is, nearly one-half died. Such were the best results that could be obtained here by Allopathic skill. There is a remarkable correspondence between this, and the results of the present month above stated. The malignity of the disease, and the impotence of the Allopathic art remain the same.

In Europe, in 1831-2, the disease, under Allopathic treatment, was still more fatal. In the Allopathic hospitals of Italy and France, in 21 of which I have seen the ratio of deaths stated, the average of the ratios gives 63 deaths out of every 100 patients.

The only treatment which proved itself worthy of any confidence was the Homœopathic.

It is not denied by Allopathists themselves, that it was the great success that attended the Homœopathic treatment of cholera in Europe that gave this system the most powerful impetus that it has ever received.

Dr. Balfour of Edinburg, who is prejudiced against the system, and who went to Vienna apparently to endeavor to detect its defects, writes from that city in 1836, the following words: "During the first appearance of the cholera here, the practice of Homœopathia was first introduced; and cholera, when it came again, renewed the favorable opinion previously given, as it was through Dr. Fleischmann's successful treatment of this disease, that the restrictive laws were removed, and Homœopathists obtained leave to practice and dispense medicine in Austria. Since that time, their number has increased more than three-fold in Vienna and its provinces." He also says: "No young physician settling in Austria—excluding Government officers—can hope to make his bread, unless at least prepared to treat Homœopathically if requested."

In statistics, I confine myself to the Epidemic of 1831-2—it being the most severe, and the only one whose statistics are tolerably complete.

Let no one trust his life to any vaunted method of cure which has been tried only on a few scores of patients, and by one or two physicians. The Homœopathic method has been tried on many *thousands* of cholera patients, and with a success remarkably uniform in different countries.

Let us compare the results of the two systems in the same city. In Vienna, there were 4500 patients treated Allopathically; of whom 1360 died. There were 581 treated Homœopathically; of whom only 49 died. This gives 31 per centum of deaths under the former, and only 8 per cent. under the latter.

Dr. Quinn of London, has given a table of the results of the treatment of ten different Homœopathic physicians. The worst result under any of these physicians, was the death of only one-fifth of his patients, while four-fifths were saved. The best result obtained by any one of these physicians, was the saving of 40 out of every 41 cases, or 3 deaths out of 125—this being the number of cases which he treated. This physician was Dr. Weith of Vienna. These cures were made at a time when this pestilence was prevailing in that city in its greatest intensity, and baffling all the skill of Allopathic physicians.

The statements of this venerable man can be relied on. He is above suspicion. He had no party prejudices to mislead him, no professional interests to advance. Formerly a learned and respectable Doctor, he felt it his duty to become a Preacher of the Gospel. But when he beheld his fellow-citizens doomed to destruction under Allopathic treatment, his feelings as a man, and his principles as a Christian, impelled him to stretch forth his arm for their relief. He had just become convinced of the truth of the Homœopathic doctrine, and of its practical importance. It was distressing to him to be continually called to the death-beds of persons who might have been saved by Homœopathia, but who were perishing in spite of Allopathy. His spirit was stirred within him when he saw the city almost wholly given up to a fatal delusion; and he resolved to suspend, in part, and for a short time, his functions as the *spiritual* guide of his people, and devote himself to their *temporal* salvation. He acted as a true disciple of Him who delighted in saving not only the souls, but the lives of men.

The efforts of Dr. Weith were crowned with a success fully justifying the expectations which he had been led to entertain by the success of other Homœopathic physicians in this same epidemic. The remedies which he employed were Veratrum, Cuprum, Tincture of Camphor, and under some circumstances, lavements of ice-water.

Of the 1093 patients treated by the ten Homœopathic physicians, 998 were saved, and only 95 lost. Thus the average proportion or deaths was only 1 to 11½, or 2 out of 23 patients; while 21 out of 23 patients were saved. The results above stated, were chiefly obtained at Vienna and in Moravia, Bohemia and Hungary, during the epidemic of 1831-2.

Similar success was obtained in Russia in 1831 and 1832. Mr. Eustaphieff, the Russian Consul General, to whom our Dispensary

is so greatly indebted, has given the result obtained by Homœopathic treatment in various parts of the empire. Of 70 patients treated in two places, all were cured. The total result was that of 1270 patients; 1162 were saved, and only 108 lost; showing an average proportion of one death in 11½. You perceive this agrees remarkably with the success obtained in all other countries. These facts are derived from the report of Admiral Mordvinow, who affirms that "not a single death has occurred where Homœopathic treatment was resorted to in the incipient symptoms of the cholera;" and that "it was remarked that all the patients cured by Homœopathic treatment, regained, in a very short time, their former health and strength; while those who survived other treatments were left in a state of weakness, which lasted several months, and but too often terminated in another disease which proved fatal."

In Russia and Austria, and at Berlin and Paris, there were 3,017 cases treated Homœopathically; of which 2,753 were cured, and only 264 died; i. e. only about 1 in 11½ died. On an average, more than 10 out of 11 were cured.

To these statistics I need not add a word of comment to show the immense superiority of the Homœopathic treatment. Such a uniformity in the results, in so many places, and with such a number of patients, must speak convincingly to every intelligent and unprejudiced mind. Our Allopathic brethren—as if conscious of the weakness of their system, on a broad field—are at present restricting themselves to a guerilla warfare. When a single death occurs among the patients of the fifty Homœopathic physicians of our city, it is noised about as something remarkable. But if one wishes to know the true relative value of the two systems, he must examine the subject on a broader scale. He must consider the number which Homœopathy cures in this city and throughout the world.

But I must return to *Cholera*, its *prevention and cure*. Can anything be done to diminish the liability to an attack in a place where the disease prevails? In regard to *regimen and diet*, I shall not dwell upon those things which are known to the public generally, such as the necessity of avoiding irregularities of every kind, over-eating, indigestible food, etc. Avoid young meats, but take a larger proportion of animal food, and fewer vegetables, than at other times. During the use of Homœopathic medicine, whether preventive or curative, persons should abstain from all other medicinal substances, including coffee and green tea, and all condiments except salt. They should not take a drop of *coffee* nor *camphor*, nor even smell the latter. In general, they should avoid raw vegetables.

Prophylactics.—The Homœopathic *preventives* of Cholera, are *Cuprum metallicum*—that is, metallic copper and *Veratrum album*, or white hellebore, prepared according to the Homœopathic method, and taken alternately of two or three pellets, once or twice a week.

By this means, thousands have been protected from the disease.—It is said there is no instance in which persons thus treated, have been attacked with cholera. The globules may be placed on the tongue and allowed to dissolve in the mouth, and then be swallowed. Whenever it is practicable, it would be well to consult a Homœopathic physician, as one of these remedies would be preferable to the other. He could decide which.

The method which Hahnemann recommended, and which many employed with success, was to take globules medicated with the 20th dilution of *Cuprum*, then wait one week and take the similarly medicated globules of the 30th of *Veratrum*, then, after a week, the *Cuprum*, and so on. Others have used with similar success, the 3d dilution of each, at intervals of half a week. This may be used by those who cannot obtain the 30th; but let no one venture upon the use of the copper of the drug stores, nor the crude colored tincture of *Veratrum* even of the Homœopathic Pharmacies. Camphor is too transient in its action, to be of any use as a prophy-lactic. Besides, it would interfere with other medicines.

Treatment of Premonitory Symptoms.—During the prevalence of cholera in a place, every person should consult his physician for such slight symptoms as often precede cholera. By so doing, an attack may almost always be prevented, if the physician is a Homœopath. The most usual premonitory symptom is a slight diarrhœa, which would cause no apprehension in ordinary times. This is generally cured by a single dose of *Phosphorus*, or *Phosphoric acid* given in the mode in which I shall describe under the first variety of Cholera.

Cholérine.—When this diarrhœa is a little more marked, and but few other symptoms are present, the case is usually named Cholérine. This case is intermediate between that of premonitory symptoms and that of the fully formed cholera of the first variety to be described. It requires similar treatment, and especially *Phosphorus* or *Phosphoric acid*.

Treatment of the first stages of Cholera in all its forms.—When there is a decided attack of cholera, we resort, for the first hour—or a longer or shorter time, according to circumstances—to a treatment for which—as well as for all the most successful modes of preventing and curing this disease—the world is indebted to Hahnemann. Whatever may be the form of the attack, give one drop of the tincture of camphor, dropped on a lump of sugar, and then dissolved in a table-spoon full of cold water. Repeat this every five minutes until there is a decided mitigation of the symptoms.—This will usually be after five or six doses. One sign of its good effects is perspiration. In proportion as the symptoms yield, let the doses be at longer intervals—as an hour, two hours, twelve or even twenty-four hours. If the disease is taken in time, ten or twelve doses are ordinarily sufficient. If the stomach will not retain the

camphor, even in ice water, then give before and after it, a bit of ice as large as a filbert. Families should be provided with the camphor, and, in case of attack, administer it immediately, before the arrival of the physician, who will judge whether it is to be continued.

There is abundant testimony of the efficacy of this camphor treatment, from all parts of Europe. Hahnemann states, that at Berlin and Magdeburg alone, thousands of families have followed his instructions respecting the treatment by Camphor, restored those of their members who were attacked by the epidemic—restored them often in less than a quarter of an hour. Dr. Quinn assures us that this method may be employed with certainty of success, in the first hour, and with probability of success in the following hours.—Use no external applications in any stage. Hahnemann at first advised the external, in connection with the internal use of camphor, but subsequently found it unnecessary. Indeed, it not only is useless, but fills the room with effluvia which may interfere with subsequent treatment.

I shall not consider *the treatment of Fully Developed Cholera in all its stages*, dividing it into those varieties usually presented. The Homœopathic physician will know how to adapt his treatment to the different shades and combinations of these varieties. He will apply the *Materia Medica* and the law *similia similibus curantur*.

1st variety, *Cholera Diarrheica*; Intestinal or *Diarrheic Cholera*. The most frequent form of Cholera is that in which diarrhœa is an early and prominent system. At first there is a simple diarrhœa, or one preceded by headache. There is pain in the neck and arms; lassitude in the legs; rumblings, tongue moist, a little coated, sometimes pasty. The evacuations at first composed of fecal matters, shortly become yellowish, greenish or watery, sometimes red; afterward they have the appearance of barley water, rice water, or of whey with little flocks of soap distributed through it. Each stool is preceded by great noise and movements in the intestines. There may be a livid circle around the eyes, failure of strength, and nausea; sometimes, in a more advanced stage, vomiting and spasms. If this form of cholera is mistaken for an ordinary diarrhœa, and improperly treated, we have to apprehend the stage of collapse, (hereafter to be described,) in which the case is difficult. But taken in season, this diarrhœic form of cholera is easy to cure.

Treatment.—If Camphor does not soon give relief, we are to resort to *Phosphorus* or to *Phosphoric acid*. Dr. Quinn has employed both with equal success. The *Phosphoric acid* is to be preferred when there is a gluey matter on the tongue. (In some cases, *Veratrum*, *Chamomilla*, *Mercurius* or *Secale*, may be indicated.) However, *Phosphorus* and *Phosphoric acid*, rarely fail to cure; and some

high authorities are in favor of giving one of them, at first, in preference to the administration of camphor in this form of Cholera. Put two or three globules of the 30th attenuation of Phosphorus, or the 3d attenuation of Phosphoric acid in a little sugar of milk, and place them on the patient's tongue. Quinn rarely found it necessary to give a second dose, and never till the following day.

If in this or any other variety of Cholera, there is a severe burning in any part of the alimentary canal, with violent cholic and great weakness or restlessness, give *Arsenicum Alum*, 30th attenuation. If the cholic proves obstinate, give an enema of ice-water. For *Arsenicum* and every other medicine, except camphor, the proper interval between the doses is about one hour, or from half an hour to an hour and a half, according to the circumstances. The doses may always be two or three globules, and in case of most medicines the 30th attenuation. *Camphor* is to be given in doses of one drop of the strongest tincture of the shops, or two of the weakest, repeated every five minutes, for it is unlike all other medicines, in not requiring attenuation, and in being exceedingly transient in its action. Again, as it is one of the most powerful and general antidotes, to other medicines, the patient must not take these from any spoon or glass which has recently contained it, nor must the odor of it be in the room after he commences other medicines.

The *second variety* of Cholera to be mentioned, (I ho' not the most frequent or dangerous,) is *Cholera Gastrica*, or *Gastric Cholera*. It is characterized by continual vomiting, but is often accompanied by many other symptoms of other varieties. There is no diarrhoea, or only one or two evacuations at the onset. The urine is scanty. When the epidemic prevails, this form may be excited by flatulent vegetables or other indigestible food.

Treatment.—The remedies are generally *Ipecacuanha* or *Veratrum*, sometimes *Nux Vomica*. *Camphor* is to be given at the outset. Put two or three globules of the third of *Ipecac* in a little sugar of milk, and place them on the tongue. This may be repeated, if necessary, in half an hour, an hour, or an hour and a half. If by the effect of the *Ipecac* the vomiting cease, but the other symptoms remain, and there is a great weight at the stomach, and pains in the intestines and head, then have recourse to *Nux Vomica*, 30th attenuation, two or three globules. But if the disease is not checked, give *Veratrum*, or other medicines, according to the indications.—To cholera excited by anger, and attended by either vomiting or diarrhoea, the 12th attenuation of *Chamomilla* is appropriate.

Third Variety—*Cholera Spasmodic*, or *Spasmodic Cholera*.—This form is especially characterized by *cramps* and *spasmodic* movements. The principal symptoms are contractions and cramps in the toes and fingers; afterwards convulsive movements in the muscles of the fore arm and legs; then spasms in the upper arms and thighs, and sometimes fixed spasms in the chest and neck. The

constriction of the chest is preceded by vomiting. Neither vomiting nor diarrhoea frequently occur in this; but there is often pain, weight and tenderness at the pit of the stomach.

Treatment.—The remedies are camphor, *Cuprum metallicum* and *Veratrum*. If Camphor has not relieved, give *Cuprum*, the 30th attenuation, two or three globules, and repeat it many times, at intervals of half an hour or an hour, if its salutary effect is not manifested. If necessary, then give *Veratrum* in repeated doses, or other medicines, according to the different indications.

The *Fourth Variety* is *Cholera sicca*, or *Dry Cholera*. There is no diarrhoea or vomiting. There is a sudden prostration of the vital powers; the urine is suppressed; tongue sometimes blue or blackish; the eyes upturned and fixed; coldness of the surface of the whole body, which becomes covered with a cold sticky sweat; the face and limbs have a violet blue color. The voice and pulse fail. This variety requires the most prompt attention.

Treatment.—The first remedy—as in other varieties of cholera, is *Camphor*. In this variety, it is especially required for arousing the nervous system. Repeat it every five minutes; then, if necessary, give *Veratrum* every half hour, hour, or hour and a half. If the cramps and vomitings have ceased, if the patient is cold blue and pulseless, i. e. collapsed, *Carbo vegetabilis*, 30th attenuation, two or three globules. In this state of complete Asphyxia, some recommend Hydrocyanic Acid, 3d attenuation, every hour or two. We recognize the effect of these medicines by the pulsations becoming sensible, and some by return of the cramps, vomitings or diarrhoea—symptoms which are then to be treated by *Veratrum* or *Cuprum*, or some other remedy, according to the indication.

Fifth Variety—*Cholera Acute*, or *Acute Cholera*.—This variety we might call Cerebral, as the brain in the first stage, seems to be oppressed. Yet, in its course, it simulates the form of some other varieties, and, like them, unless checked, ends in Asphyxia and death. The patient, at first, feels as if he were stunned, or has a sensation of weight in the head, or *Vertigo*; oppression of the chest; numbness of the arms and legs; afterwards there are rumbling in the intestines; heat of the body; pulse rapid and feeble; nausea, retching or vomiting; bilious or watery diarrhoea; suppression of urine; tongue cold, voice altered; face yellowish, with a dark blue circle around the eyes; prostration; spasms at first in the feet and hands, afterwards extending to the arms and legs, which become dark blue, and cold; the eyes tarnished and sunk in their orbits. The diarrhoea and cramps cease, and the disease in its latter stage runs into the form of dry cholera, characterized by cold sweats, insensible pulse and general blueness—in short, by collapse.

Treatment.—Give *Veratrum*, at first the 12th, and after two or three doses, the 30th, in the quantity and at intervals as before described.

Lastly, in some rare instances, the cholera is, from the commencement, an *inflammatory* and *febrile* disease. Then, as soon as the vomiting is checked, use *Aconitum* the 24th. Afterward use *Bryonia*, 30th, *Rhus Radicans*, 30th; or other medicines, according to circumstances. The indications, as in all other complicated cases of cholera, can be properly understood only by a Homœopathic physician.

A dangerous inflammatory or febrile condition, frequently follows cholera proper, when treated allopathically. Then use *Aconite*, *Belladonna*, or *Rhus Radicans*, or other medicines, according to the indications. *Belladonna* stands highest for inflammation of the brain, and *Rhus Radicans* for the Typhus Fever.

Where a Homœopathic physician is called to any case of Cholera which *has been under Allopathic* treatment, he is first to antidote the former treatment by *camphor*. Give it but a short time, if there is any inflammation. He can judge if other antidotes are necessary, as they frequently will be, in the course of the treatment; for calomel and other crude drugs, and even the undiluted colored tincture of the Homœopathic shops, are so durable in their mischievous action, as to require for their correction something more durable in its curative action than camphor.

I will add, that we have accounts from Petersburg and Riga, of the same success in the Homœopathic treatment of the Cholera of 1848, which distinguished that treatment in former years. Among other remedies, they have used *Camphor*, *Veratrum*, *Secale*, *Phosphoric Acid*, *Hydrocyanic Acid*, and *Jatropa curcas*. *Veratrum* has gained great renown, even among the Allopathists themselves.

As an Allopathic physician, I was familiar with the Cholera in 1832 and '33. Those prescriptions which succeeded best with me, were those which were most nearly Homœopathic. I remember a patient restored from collapse by camphor. I now find the Homœopathic treatment, every day, efficient in the removal of Diarrhœa, Sporadic Cholera, &c. But I came not before you to relate my individual experience, but that of the great body of Homœopathic physicians. I have given you their treatment, and its results.

I am indebted for the facts chiefly to books which have not been translated into the English language, and especially to one published in Paris by Dr. Quinn, the President of the British Homœopathic Society, who had been familiar with Cholera, and with the practice and views of the continental physicians.

But the man to whom the school is chiefly indebted for the means of combatting this fearful malady, is Hahnemann. With that wonderful sagacity which characterized him, he pointed out the true prophylactics, and all the most important curatives, both for domestic and professional use, when this pestilence had not fallen under his own observation, but was committing its ravages in distant regions. Having discovered a universal, unerring and everlasting law

in medicine, he was prepared to encounter the strongest forms of disease, as though they were familiar. The law discovered, and the *materia medica* founded by him, are the legacies which his disciples hold in trust for the benefit of mankind.

With these as their guides, they can offer to their fellow-men that true consolation founded on an assurance of safety. But in order to do this, they must have appropriate qualifications for the practice of medicine. I shall, therefore, conclude with the requirement and injunction of Hahnemann :

“To the physician, whose province it is to vanquish the disease that brings its victims to the very borders of corporeal dissolution, and to produce, as it were, a second creation of life—a greater work than almost all the other much-vaunted performances of mankind—to him, Nature, in all her wide expanse, with all her sources and productions, must lie open. * * * Let all hold aloof from this most pious, this noblest of all secular professions, who are deficient in intellect, in patient thought, in the requisite knowledge, or in tender philanthropy and a sense of duty.”

OLD SCHOOL FAILURES.

Certainly no one can open his eyes without seeing the palpable failures of the old school, as the following newspaper paragraph illustrates :

“**CHOLERA SPECIFICS.**—The St. Louis Union says, that the editors have posted around their desk no less than *fourteen* remedies for cholera, that have all come well recommended, and that, too, by eminent medical men. The Union continues :

‘Alas! how woefully mistaken they were. Some of these very doctors have fallen victims themselves to their mistakes, and others have lost all confidence in their own specifics. One of them, Dr. W., we recollect well, a few days ago, came into our office, and told us to say, editorially, for him, that he had discovered a specific against cholera, upon the efficacy of which he would stake his existence. He would, for a just compensation, impart a knowledge of it to the public, and he desired us to call the attention of the city authorities to the fact. We did so, but hardly was it done until, in a few hours’ sickness, Dr. W. was himself numbered with the dead—a victim to cholera and to his own specific for the disease.’”

Part 3.---Editorial.

MEDICAL POLITICS OF CINCINNATI, &c.

The Cholera Hospital of this city has been closed. The report of Dr. Jordan, for which we have not room at present, will appear in our next number. The dismissal of the Old Hunkers from the Institution must have been very galling to their party, and the success of Dr. Jordan was doubtless an equally unpleasant fact. We may be uncharitable in suggesting that anybody would be so unprincipled as to regret the success of an Eclectic practitioner in saving life, but until the leaders of the old school party are sufficiently honorable publicly to acknowledge and proclaim the facts concerning the Hospital—until they discontinue their attempts to deceive the public, (as when they labored, in the first instance, to produce the impression that a great mortality had occurred, and secondly, to propagate the idea that the extraordinary success was obtained by the use of calomel)—in short, until they show some honorable and humane sentiments in the irrelations to the Eclectic practice, we must judge of them according to appearances.

Among the stratagems of Hunkerism, a most ridiculous attempt was made to get up odium against the Hospital, in reference to the reception of a corpse. Many patients have been sent to the Hospital, (even sometimes under the direction of their physicians,) in the last stages of the disease, of whom thirty died withi none hour after their arrival. Whether this was designed to get up odium against the Hospital by increasing the apparent mortality, we cannot say, but that such a disposition did exist, was manifested by the stories that were put in circulation at the time. In one instance the man was so far gone that he died before arriving at the Hospital, and was brought there dead. Dr. Jordan was accustomed to receive dying men, and bring the pulseless back to life, but to receive a dead body was not his duty. He objected, and referred the party to the Township Trustees. However as they insisted upon the reception and the Doctor was disposed to be very accommo-

dating, he suffered the man to be brought in, and furnished with a coffin.

In this case the gentleman who brought the body—(a relative of Dr. Johnson, the former physician of the Hospital, who had been superceded,) made a vigorous attempt to excite odium against Dr. Jordan, by publishing an article in the city papers, representing these circumstances as a great outrage, and an act of inhumanity, because Dr. J. did not receive the body as a patient, and set to work to restore a dead man. Dr. Jordan replied by a narrative of the facts as above stated. As drowning men eagerly catch at straws, we find that this circumstance was grasped at by Dr. Rice, in his "Presbyterian of the West," in which he manifested his zeal in behalf of Hunkerism, by republishing the communication from the Commercial, heading it "*Most Barbarous*," and invoking the *indignation* of the Christian community—thus demonstrating that Dr. Rice sympathizes strongly with Hunkerism in medicine as in everything else, and that he is still very willing to step aside from his religious duties, and employ the arts of the demagogue to excite odium against anything liberal. Possibly the fact that Dr. Jordan is the author of a book in defence of Universalism, may have furnished an additional motive for assailing him. It is gratifying, however, to find that the press generally have justly appreciated Dr. Jordan and our liberal, independent Board of Health, as will be seen by the following extracts :

Dr. J. H. Jordan, who formerly resided in this town, is the principal physician of the Cholera Hospital at Cincinnati! This will surprise those that knew him here, not a little. Have they room for any more of our *doctors*?—*Ia. State Sentinel*.

If the citizens of Indianapolis have doctors who shall prove themselves to be as successful in cholera as Dr. Jordan has been, should that terrible scourge visit them, they may be very thankful indeed. And we can advise our cotemporary, with a sneer on his lip, that if the scourge should visit Indianapolis, which we hope may not be the case, he could not do a better service to his fellow citizens, than to send for Dr. Jordan.—*Enquirer*.

We can add that Dr. Jordan has been amongst the most successful of our physicians during the epidemic, even under the most disadvantageous circumstances, and has earned a professional reputation which older men might be proud of. If the Hoosiers could not appreciate him, it is their disgrace, if he has had opportunities of displaying his skill. The past two months has tried men tho-

roughly, and the gold has been separated from the dross. We know what is what *here*.—*Times*.

The Gazette of August 18, says:

Most heartily do we congratulate our fellow-citizens and the public, on the restoration of the usual health of the city.

The Board of Health now meet but once a week, to close up their business. The individuals composing this Board, are entitled to the gratitude of our citizens. Since their appointment, they have devoted themselves to the discharge not only of the *duty assigned to them*, but also to such *kindred duties* as came under their observation. Early and late—in season and out—have their efforts and energies been directed to alleviate the wide spread distress, consequent upon the ravages of the epidemic, in all parts of the city. *They have done much good*. Messrs. Martin, Storer, Fletcher, Taylor, Burgoyne, Roedter, and Jewell, richly deserve, and will receive the *thanks of the people*, for their devoted and gratuitous attention to the arduous duties of their station.

The publication of the address of the Eclectic Medical Society has done an immense deal to enlighten the public, and confound those who have been circulating, far and wide, the calomel story. They have been effectually silenced, and thousands have been enlightened who had heretofore been grossly deceived. The address was published in six or seven papers, one of which, having made it a rule to exclude all medical discussions from its columns, made a charge for its publication. The remainder published it *pro bono publico*. The Old Hunkers are thoroughly disgusted with the liberality of the Cincinnati press. One of them, we learn, incensed against the Times for publishing what he styled a quack report, collected a list of his friends who had resolved to drop the Times, and take another city paper, which he supposed was not "*bought up*" by the liberals, as he considered the Times. The editor graciously received his list of new subscribers, but felt it his duty to inform the Doctor, before he left, that his own paper was in the same predicament as the Times, and that he would have the pleasure of reading the same report in his columns in the very next number.

While thus tormented by Eclecticism, Hunkerism has been ill at ease within its own borders. Prof. Drake, having issued a number of bulletins, to enlighten the public concerning the cholera, the city wags have issued rival bulletins, purporting to come from a *colored M. D.*, which set everybody to laughing at the Professor's

expense. The ideas of the colored doctor concerning *ozone* and the *grey horse*, produced rather a greater sensation than the learned professor's theories.

Seriously, certain members of the Ohio Medical College cut a very sorry figure. Profs. Drake and Harrison, at the commencement of the cholera season, gave a certificate, which was extensively published, recommending *Nash's Root Beer*, for general use. At a later period, Dr. Drake published another document recommending *soda water*, and urging the apothecaries to sell it at three cents a glass, instead of five. When the official dignitaries of old school medicine have no better judgment or knowledge than this—when they urge the people in the newspapers to use *root beer* and *soda water* as *anti-cholera* drinks, we need not wonder at the thick darkness of professional ignorance which overspreads the land.

The schemes concerning the Ohio Medical College have been a source of discord. Dr. Drake and Dr. Bayless, of Louisville, have been introduced, making eight professors to be accommodated by six professorships. Dr. Drake takes the chair of practice, restoring Dr. Harrison to *Materia Medica*. Dr. Bayless takes the department of Anatomy, and Dr. Mussey of Surgery, while Dr. Shotwell sits down between the two chairs of Anatomy and Surgery, on the stool of *Surgical Anatomy*. Which of the three is to be put on short allowance, does not appear, as the student takes the tickets in the aggregate, and the mode of division is private. However, we apprehend that Dr. Mussey will, ere long, be placed on the list of the superannuated.

Upon the whole we believe the Ohio Medical College is at this time one of the most incompetent medical colleges in this country, to communicate a sound and useful system of medical practice. We have no personal aversion or unkindly feelings to any of the faculty, but we sincerely believe a large portion of their teachings are calculated to inflict death and misery upon society, and to increase the annual mortality of the country in which their graduates reside, by more than a thousand deaths.

Notwithstanding this vast sacrifice to the perpetuation and unity of the old school profession, it does not appear to be very harmonious, if we may judge from the following extract of a letter from one of the old school doctors of this city, which was sent for

publication to a Philadelphia newspaper. After abusing the liberals, he continues :

"I will now say a few words about the melancholy appearance of humbuggery in the allopathic profession. A few men here, not satisfied to take the humble private walks of their calling, wrote essays on the cholera, to make the public believe that they knew more about it than their professional brethren. One in particular, who is a member of a church, with a numerous congregation, and a Pastor, who is editor of a religious paper. This paper was extravagant in praise of the Dr's. essay, and the inference was plainly drawn, that the Dr. was the only one who could be relied on in case any of the members were attacked with cholera. In a short time the scourge appeared; the Dr's. skill was tested. His own wife sickened and died, and I am credibly informed that a very large share of his patients met with the same fate. Another Doctor on Fifth street published that his treatment never failed, and that it had been universally successful throughout Europe. The last I heard of him he was under the treatment of Dr. Shotwell for cholera, and with little prospect of recovery. I do not mention these cases out of any bad feelings towards those unfortunate persons, but that it may be a warning to those who may be disposed, by the promulgation of falsehood, to speculate and make profit off this terrible judgment of God."

Little or nothing has been said concerning the Botanico Medicals in the newspapers, and we are not apprised what has been the success of the few who practice in the city, but the Homœopaths have been quite conspicuous. Drs. Pulte and Ehrmann, by far the most extensive Homœopathic practitioners in the city, have published the following report. It will be observed that while Homœopaths in Europe have lost eight or ten per cent of their cholera patients, these gentlemen claim to have lost very little over three per cent. Whether this was owing to superior skill, or to the fact that their patients were supplied with medicines in advance, as preventives, with full directions for their use, we need not enquire. If those who employ Eclectic physicians had been in like manner supplied with remedies and directions, we do not believe the mortality would have been over two per cent. But as Eclectic practitioners have not been so long established in the city as the Homœopathic, many of them have not yet had time to establish intimate relations with the community, and many of their patients have never before had any knowledge of Eclectic practice. The following we extract from the Times :

MR. EDITOR:—Your correspondent, "Justice," in last Tuesday's Times, calls upon the Homœopathic physicians of this city to give an exhibit of the results of their practice in the late cholera epidemic, together with a statement of their treatment, and other statistical matter, interesting for the public to know.

Our intention was, and is yet, to bring our results and experiences of the late epidemic before the profession and the public, in a special publication, to be issued as soon as the epidemic has entirely left us, with all its immediate effects. By doing so, we hope to shield ourselves against the imputations of ostentation, so often brought against us by those who themselves are the only ones guilty of such a charge. As some, however, seem to think our results to be unfavorable for Homœopathy, because we have been *thus far* silent, it becomes our duty to give the statements *immediately*, and to answer the questions of "Justice" in the same columns in which they were proposed. We give, therefore, in the following, the results of our own practice during the epidemic, expecting the other Homœopathic physicians to do the same.

We have treated, from the 1st May to the 1st August, inst., 1116 cholera patients, of which 538 exhibited the symptoms of vomiting, diarrhœa, and cramps, including a great many, from 60 to 70, in deep state of collapse—the balance, 578, had the symptoms of vomiting and rice-water discharges, and were prevented from running into a higher stage of the disease, by early applications of the proper medicines.

Of the collapsed cases, a great many were cured, the success depending upon the medicines given in the early stages. In those cases improperly treated, by opiates particularly, our success was difficult; but in cases where the patient was treated at first, by camphor alone, or where he went immediately into collapse, after being attacked, the result was very favorable.

Of the 1116 cholera patients, 474 were Americans, and 642 Germans, including a few Irish; the mortality of the whole number was 35, of which 2 were Americans, and 33 Germans. Of the latter not one half should have died, but from their carelessness of diet, and want of knowledge of the insidious character of this disease. We accounted amongst those who died, all which we had attended ourselves, even if we were called at too late a time to be of real use.

Besides the above 1116 cholera patients, we treated during the same time, 1350 cases of a mixed character, mostly diarrhœas with rumbling in the bowels, (cholerina,) and towards the close of the epidemic, a great number of dysenteries, some of which were of a very malignant character, (we lost none of them, however,) also a good many nervous fevers with typhoid tendency.

To verify the above statement, we have made out a complete list

of all the cholera cases, with names and dates for reference at any time when required.

The principal remedy used in the beginning of cholera was camphora, the tincture of which was prepared in the proportion of one part of the gum to six parts of alcohol, as advised by Hahnemann himself, who first recommended this remedy in 1829. The dose in which it was applied, was equal to one or two drops every five minutes, for one or one and a half hours, until profuse perspiration ensued. During this time the patient had to be well covered, and in most cases the camphor alone produced a complete cure, without the help of any other remedies.

If, however, it did not, because the second stage of the disease had appeared, veratrum and cuprum were used, especially against cramps, also secale cornutum (ergot) particularly in elderly individuals; and in cases of collapse, carbo vegetabilis, (vegetable coal) and arsenicum, the two latter in the 30th dilution.

Of external applications we made very little use, confining ourselves, if we used them at all, to rubbing the extremities in the mildest manner, with the hands only. As soon as collapse took place, we allowed the patient to be uncovered or covered, as he wished it himself, finding it of no benefit to warm the extremities by outward means, whilst the patient at the same time complained of internal heat and agony.

If "Justice" or any one else wants to satisfy himself about the correctness of the above statements, we are willing to conduct him to the persons who laid in a state of collapse with cold extremities and cold face, no pulse, sunken eye, blue lips, and hoarse voice. That nature cannot cure cases of this kind without proper medical aid, will in all probability be admitted by all; that Homœopathy can, however, cure them, we can prove by the sufferers themselves in this city.

Allow us to state one more fact of moment. We attend usually between 700 and 800 American families, which amounts to about 4000 persons—out of this number we lost only two, an old lady who had been sick for some time previously, and a young man who sent for us only a few hours before he died. This astonishing result we ascribe among other causes to the *prophylactic* treatment which they had received, their good regulations in diet, and speedy help they had when attacked.

J. H. PULTE, M. D.

CINCINNATI, Aug. 11, 1849.

B. EHRLMANN, M. D.

The foregoing statement has been violently attacked by Dr. Latta, in a long and ridiculous editorial in his paper, the Methodist Expositor. Dr. L., besides uttering a great deal of silly abuse, affirms that Dr. Pulte's doses of camphor were not Homœopathic, and were quite large doses. If this be true, we shall only think the bet-

ter of Dr. P. for not confining himself to infinitesimals; but we apprehend he is a better judge of what constitutes Homœopathy than Dr. Latta, who appears to be wilfully ignorant of its principles and facts. Dr. Latta also charges Drs. P. & E. with falsehood, affirming that they have certainly lost more than two Americans, as he *knows* of nine himself who died under their practice, whose names he can give, and *believes* they have had a large mortality. We hope that Drs. P. & E. will promptly meet this charge. It has been widely diffused, many extra copies of the Expositor have been circulated through the city, and we presume elsewhere.

The Expositor of Dr. Latta is quite a champion of medical orthodoxy. Some time since, having attacked the Board of Health, Editor of the Times, &c., on account of their medical independence, the editor of the Times gave the following very appropriate rejoinder:

“The great difficulty with our friend, is the same that afflicts his brethren generally—a distressingly flatulent dignity—an over-estimating feeling of importance, exactly analogous in medicine, to the ideas of the Catholic hierarchy in spiritual matters. It is the same spirit manifesting itself in another form.

The “Regular Faculty” is certainly composed of gentlemen of excellent qualities of head and heart, in a general sense, but like the precious pot of ointment mentioned in Scripture, the sweet odor is destroyed by a dead fly—their excellent character is of no force or use, while a narrow, exclusive, bloviating silly pride governs their intercourse with the public and the legally constituted authorities.”

The editor of the Times has doubtless made himself quite obnoxious to medical Hunkers, by his very liberal conduct; and we trust that the friends of medical liberalism will hear in mind his bold and independent course. The Times is always full of interesting news—takes liberal views of all subjects, and is the only paper which has taken an active part in behalf of medical progress. The Gazette, which seems to have taken an independent stand in reference to the divisions of the profession, has recently alluded to the large mortality by *other diseases* during the cholera season, and inquired whether it was not owing to the use of calomel and *other poisons*, by which cholera was changed into some other form of disease. The same idea was broached by a correspondent of the Times, as follows:

“I find the following statement and query in a morning paper:—
‘The daily reports of the Board of Health show a large number of

interments of persons dying from 'other diseases' than the cholera. The aggregate interments for a week; which are reported as 'other diseases,' is 350—an average of 50 per day; which is surely a very extraordinary mortality. An explanation from the health officer, or from some other competent person, might serve to resolve the doubts of many.'

"It seems to me, Mr. Editor, the consideration is an important one, and I hope some disinterested competent person will answer. I have myself, heard of but one explanation, and that is, the excessive use of opium and morphine by one class of physicians, which, though they may conquer cholera, induces congestive and low nervous fever, or typhoid, thus throwing the disease under another head. Whether this is a correct explanation I know not, but such I know is the impression of a large number of citizens."

The cholera epidemic has been accompanied by sharp criticisms on the Old School gentlemen elsewhere, as well as in Cincinnati. The St. Louis Reveille of August 2, says:

"Our correspondent, 'Calomel,' speaks daggers upon the subject which has aroused him. That the mineral in question is used in a degree, throughout the south-west, destructive to the constitution, and that the term 'Calomel Doctor,' has become one of reproach, is true beyond all question. Calomel is an invaluable medicine, properly administered, but its wide and wholesale abuse is notorious, and a public good must be effected by the indignant cry which is ascending against it."

The correspondent under the head, "IS KILLING, MURDER?" says that the late abuses of medical science will be investigated, and,

"That the matter will be conducted 'unwaveringly,' I know to be certain; for were we not to do so, the very grave yards, gorged with the remains of murdered relatives and friends, would open their rapacious maws and exclaim against us. But, I ask, how can a spirit of coolness pervade the minds of those who may feel bound to arouse themselves to expel from our midst a system of medical practice, that has lost, under its administration this season, eighty-five per cent, of their cholera cases, either by direct death or super-induced diseases. Can any one with the heart-rending consciousness that tears their heart's tendrils, be merely "gravely" disposed to inquire? Can I, with the *blind* monument of a system that *out-hells hell itself*, around my knees remain quiescent? No, sirs, the people are awake—there 'is a voice heard, lamentation, and weeping, and great mourning.' Roll up, sirs, the aggregate of all the slain of battle fields, and 'all that wrecked in oceans lay,' and the victims of Hypocratean skill will outnumber them; aye, add the victims of famine, also, and they still excel. Why did Cincinnati crush the self-conceited *Regular* Board of Health, and place their

city hospital under the charge of those who, alone in that as well as in this city, have shown any knowledge at all of the nature of the pestilence, and the means of its cure?

Dr. Bailey, of the *National Era*, warns his professional brethren, in his last No., "that the profession of medicine must obey the law of progress, and that Hunkerism among physicians will fare no better than among politicians."

"The regular physician, (he says,) who indulges in contempt for the Eclectic, Hydropathic, Homœopathic, or Chrono Thermal Schools, because they are not according to his gospel, shows more of the bigotry of conservatism, than of the philosophy of progress. A magnanimous love of truth should lead him to examine into their claims with impartiality."

We might allude to several striking failures in this city, but we forbear. Yet, as we have sometimes stated, that any old woman with a few hours' proper instruction might manage Cholera more successfully than it was managed by those who rely upon calomel and opium, we must mention the fact, that a negro barber having obtained a supply of cholera medicines, such as are used by liberal practitioners, made use of them in a few cases successfully, and was in consequence called to treat a considerable number of cases of cholera, in almost all of which he succeeded. The *Lancet* endeavors to make a jest of this matter, but it seems to be a very sober fact, that a negro barber, with a few judicious remedies, has been more successful in treating cholera, than the whole Allopathic faculty of Cincinnati. Would it not be better for these gentlemen to pull down their delusive college, and begin anew the study of rational medicine?—B.

THE N. Y. ECLECTIC MEDICAL AND SURGICAL JOURNAL, No. 1, edited by Drs. Potter and Kenworthy, and published at Syracuse, N. Y., has been received. We are gratified to perceive that it makes a very respectable appearance, and is well edited. This Journal is connected with a new Eclectic Medical College which is expected to commence operations this fall. As we have heretofore spoken rather sharply of some of the gentlemen connected with these enterprises, it will give us much pleasure to compliment their exertions when we can do so conscientiously.—B.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

SEPTEMBER, 1849.

[No. 9.]

Part 1.---Original Communications.

INTERESTING ACCIDENT—FOREIGN BODY IN THE BRONCHI.

WESTERVILLE, FRANKLIN Co., O., Aug. 12, 1849.

Editors of the Eclectic Medical Journal:

In the month of June, 1848, while a little boy some six or seven years old, was quarreling and scuffling with an elder sister, he was suddenly jerked away by his mother, whereupon a convulsive fit of coughing ensued, causing him to eject two grains of Indian Corn from his mouth. As soon as the coughing subsided a little, he assured his mother that he had put *three* grains into his mouth; and the coughing immediately returning with renewed violence, the inference was, that one of the grains had descended the trachea and effected a lodgment in the lungs. Being her nearest neighbor, she immediately sent for me; and on my arrival I found the child comparatively quiet, affected with a slight tickling cough, complaining of pain in the right lung, with considerable discharge of mucus, slightly streaked with blood. I advised an emetic as the only safe way to effect a dislodgment; but finding a member of the family had gone for an old school Physician, and the child remaining quiet, I left. I subsequently learned that the Physician condemned my advice as attended with extreme danger; he however did nothing. During the succeeding eight days the child continued pale, with slight cough, constant expectoration and much less animation than usual, though he still continued to keep up. On the ninth he was attacked with strong symptoms of pneumonia (then somewhat prevalent)—inflammatory fever, tense pulse, acute pain and constant irritation of the lungs. In this condition his mother wished me to prescribe for him. I ordered his feet to be immersed in warm ley water, and his body to be sponged with the

same; administered a half tea spoon full of sudorific drops, in a decoction of serpentaria, after which I gave at intervals of two hours, small doses of Diaphoretic powder combined with $\frac{1}{4}$ gr. doses of Quinine, with a decoction of spearmint for drink; thereby continuing a determination to the surface. I likewise ordered a mustard plaster to the breast. In three days the little fellow was on his feet again—fever, pain and cough all subsided, and in ten days after, while playing, he suddenly vomited about a half tea cup full of putrid, offensive matter, and immediately afterwards the grain of corn, much swollen and blackened. Thus it appears, the corn had descended the right bronchial tube, and effected a lodgment in the lung, which accommodating itself to the intruder, had been attended with no other inconvenience, than the slight pain and irritation previously mentioned; till signs of inflammation supervened; which, arising from an effort of nature to expel an intruding substance, was attended with the happiest result.

In connection I will observe, that while in consultation with a member of the family on the above case, an old school Physician advised the operation of Bronchotomy as the only remedy. A mother's feelings revolted, and her child was saved.

A correspondent in Kentucky has sent you a recipe for the cure of Burns. We think the following a better preparation: Slake a lump of fresh Lime in water, let it settle; then mix a sufficiency with Linseed Oil by well stirring or shaking, till it becomes of the consistency of cream; this can be applied with a feather, and prevents the adhesion so likely to take place with plasters. But the most dangerous burn I have ever known was cured by the following Indian remedy: Take of the leaves and twigs of the Spice bush a sufficient quantity; boil till the strength is extracted; then lay the boiled leaves on the burnt part and keep constantly wet with the liquid; this saved when life was despaired of.

GEO. McWHIRK.

The foregoing case is happily illustrated by a similar instance reported by Surgeon SOLLY, which was received by the last mail. Mr. SOLLY's narrative and the discussion in the Society show very clearly we think, the impropriety of a meddlesome surgery.—B.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24, 1849.—DR. ADDISON, PRESIDENT.

CASE OF FOREIGN BODY IN THE BRONCHI. BY SAMUEL SOLLY, F. R. S., Senior-Assistant Surgeon to St. Thomas's Hospital.

In this case a navigator drew into his windpipe the pebble which he had placed under his tongue to relieve thirst while working on the railway. He applied first to Mr. Passmore, of Pullin's

Bar, who, after making him stand on his head, and taking other measures to relieve him, proposed the operation of tracheotomy; but the man preferred coming up to London. On his admission into St. Thomas's, under the care of the author, his condition is thus described:—When recumbent, and entirely at rest, he was free from cough and unconscious of the presence of the stone; but severe cough was induced if he moved about much, and he fancied the stone changed its position. He lay either on his back or right side, an attempt to turn on the left side producing great dyspnoea, with cough and impending suffocation; he referred to the position of the right bronchus as that occupied by the stone, and occasionally experienced a sore and pricking sensation, at the same spot. On examining the chest with a stethoscope, the author found the respiratory murmur loud, but otherwise natural, on the left side. On the right, there was a loud cooing sound about four inches below the clavicle; below this, and over about three square inches, there was no respiratory murmur audible. These signs, however, varied, and at times the author could distinguish the sound accompanying the ingress of air at every part of the chest. Dr. Cohen found the respiratory murmur absent, one inch beneath the nipple of the right side, whilst the percussion elicited over the same part a clear sound. After the patient had been in the hospital a few days, he was bound to a table, inverted, the operator frequently striking him on the chest and back with his hand. The dyspnoea and spasmodic cough forbade the maintenance of this position beyond forty or fifty seconds. This inversion of the body having produced no effect on the position of the stone, it was determined to open to the trachea, which was done, and the man again inverted without dislodging the stone; but severe bronchitis was produced, which was twice subdued by repeated cupping, and the use of mercury. At last, the patient suddenly left the hospital, and returning to Holloway, died eight days afterwards. Two days after he left the hospital, he was seized with a fit of coughing, and was nearly suffocated. He declared at this time that the stone had changed its position. He had three more convulsive fits shortly before his death; and the expectoration was very profuse through the last week of his life. The post-mortem examination, which was conducted without the author's knowledge, revealed extensive pleuritic inflammation and suppuration in the pleura on the left side, and abscess of the substance of the lung on the right side. The stone was firmly wedged in one of the first divisions of the left bronchus, but there was no ulceration of the mucous membrane around it, indicating that it had been long resident there. It weighs 114 grains; its long axis being three quarters of an inch, and its short axis half an inch. The author remarked that he was prepared to use forceps for the extraction of the stone; but as the introduction of a long steel probe produced such violent spasm, without afford-

ing any information as to the position of the foreign body, he did not consider himself justified in employing them. The form would have rendered it next to impracticable to have seized it with forceps, had the attempt been made. There seems no doubt that the fatal event was accelerated by the patient's returning to his accustomed stimulants after quitting the hospital. The author is farther of opinion that the history of the case, and the post-mortem appearances, justify the assumption that the stone was ejected from its original position when the fit of spasmodic coughing came on two days after he left the hospital; and that it immediately afterwards passed into the left bronchus, where it was found after death.

Mr. B. PHILLIPS said that the case detailed suggested a very important question with respect to the practice to be pursued in similar accidents. In Mr. Brunel's case, a principle which had been much relied on by Sir B. Brodie appeared to have suggested the employment of the same plan of treatment in the present case. He alluded to the opening made in the trachea, in order to prevent the cough and spasm which presented themselves when the coin came into contact with the larynx. In Mr. Brunel's case the coin passed out of the glottis without producing spasm. The plan pursued in this case, however successful, and however high the authority for the proceeding, was not, he would venture to say, as yet established. The case of Mr. Solly went to show that the plan was not always applicable or successful. In that case, was not the stone brought often into contact with the glottis? and did not spasm of a violent kind result? If this was so after the opening was made in the trachea, it was clear, as far as this case went, that the plan was not free from doubt as to its result, however much surgeons, since Mr. Brunel's case, seemed to rely upon it. It was clear, also, that foreign bodies in the air-passages, were occasionally coughed up through the glottis without the occurrence of spasm. If he recollected rightly, soon after Mr. Brunel's case, an instance of the kind had occurred in the practice of Dr. Duncan, of Edinburgh. The patient had swallowed a coin of some kind, and on admission into the Infirmary, he was immediately inverted *en more* Mr. Brunel, and the coin was brought up without coughing at all. Many cases were also on record of tamarind-stones, cherry-stones, and other foreign bodies, remaining for weeks, and even months, in the air-passages, and which were eventually coughed up, without producing any distress in the patient. It was therefore by no means a settled point of practice, that all danger of suffocation was avoided by making an opening into the trachea.

Dr. C. J. B. WILLIAMS, on examining the stone, said that it was just the shape and size to act as a valve, and become impacted in the bronchial tube. It presented the form of a wedge, and must have been very difficult to dislodge. It had remained so impacted for a sufficient length of time to produce bronchial, and subsequent-

ly pulmonary inflammation, and when dislodged from the left bronchus, produced fatal disease in the opposite lung. It was a case not likely to occur again. He had always thought, in these cases, that a change soon took place in the lining membrane of the air-tube by the irritation caused by the former body. This irritation thickened the membrane, and therefore, the longer the foreign body remained unmoved, the more difficult it would be to dislodge it, or to get at it by an operation. The experiments of Magendie and Brodie had shown, that when the trachea was first opened its interior might be touched, and no spasm would be produced. It was only when a foreign body was passed up to the glottis that irritation exhibited its effects. If, however, the interior of the trachea were touched after it had been sometime open, violent coughing and spasm were the result. So, if a foreign body were long detained in the air-passages, irritation, and probably inflammation, were the effects. It therefore behoved us, when a foreign body was found to be so situated,—and he believed the physical signs of such a condition were quite sufficient to determine it, in almost all cases,—to take steps for its removal by operation; to get it away through the opening, by means of forceps; or as in Mr. Brunel's case. He agreed with Mr. Arnott, that the object of the opening, in Mr. Brunel's case, was not to prevent contraction of the glottis, from the foreign body acting upon it; but to remove the fatal effects resulting from such contraction. He had proved this by experiment, for he had opened the trachea, and passed a body up to the glottis, and the opening in the trachea prevented that proceeding from proving fatal. One pathological fact had been illustrated in a striking manner by the case under discussion. It showed that irritation in the bronchial tubes was capable of producing disease in the substance of the lung, even to the establishment of vomica. He thought the same results might take place from long continued bronchitis.

Dr. OGIER WARD spoke in praise of the use of emetics in cases where foreign bodies were in the air-passages, and related a case in which he had reason to believe a small bead had been ejected from one of the bronchi by this treatment.

Mr. ERICHSEN observed that it was important to determine whether an opening in the trachea really prevented irritation of the glottis, or not. He had certainly thought so, after the case of Mr. Brunel. He had, however, made experiments which, in their results, coincided with those made by Magendie. He had found, on introducing a foreign body through an opening in the trachea, that spasmodic cough was produced. This he had observed also in cases of cut throat. Instances, however, were on record, in which this irritability would appear to have been suspended. A case was related by Mr. Houston, in the *Dublin Journal*, in which such irritability was not present; and another case in which some blades of grass were passed through the glottis of a dog from an opening made in

the trachea, without any visible effect. Now, in those cases in which the foreign body remained a long time in the air-passages, was the irritability of the mucous membrane exhausted? Such continuance did exhaust the irritability in some mucous membranes.— In some cases also, irritability was removed by asphyxia, or by inflammation. If, in cases of a foreign body in the air-passages, we operated to relieve the breathing, then a small opening only was necessary; but, if we made the incision with the expectation of the foreign body coming through it, of course it was necessary to make it larger: In Mr. Brunel's case, the coin passed through the glottis, breathing being carried on by the opening in the trachea. In *Guy's Hospital Reports*, a case had been related by Mr. Cook, in which a sixpence passed from the air-passage during sleep, without any disturbance to the person. No tracheotomy had been performed. The coin had come out edgeways, as it had entered; and this was the way he (Mr. Erichsen) believed coins did come out when the operation was resorted to. This, however, was but a lucky accident, and it was better always to make an opening in the trachea large enough for the foreign body to escape from.

Dr. WEBSTER, in reference to the remarks made by Mr. Phillips, respecting the period during which foreign bodies might be lodged in the bronchi, had many years ago met with a case wherein a cherry-stone had remained sixty-eight days in the left bronchus.— It produced inflammation and suppuration, when the cherry-stone was vomited up, with a large quantity of pus; after which the patient soon recovered. Tracheotomy was thought of, but it was not considered advisable, in consultation with several surgeons. Numerous cases of foreign bodies, which had accidentally got into the air-passages, are recorded by authors. Some of these he (Dr. Webster) would just mention, to show how long such substances might remain in the bronchi, without producing fatal consequences. For instance, Louis and Petit relate a case, where a piece of gold remained lodged in the trachea during four years, when the patient died phthisical. Royer Collard met with the case of a lunatic, at Charenton, who swallowed a nail an inch and a half long, with a large head. On examination after death, the nail was found sticking in the left bronchus. The lung was not injured, and only slightly inflamed; but the nail was very much oxidized, and covered with an animal matter, the centre of the nail being still hard; thus proving the foreign body had remained a long time in the lungs. M. Collard gives an account of another, likewise in a maniac, at Charenton, who swallowed the bone of a mutton-chop, without producing any severe symptoms, or even inconvenience. Six years afterwards this patient died, without, however, any apparent pectoral disease. On dissection, the bone was found fixed in the bronchi; but there was no morbid appearance whatever in any part of the lung. He (Dr. Webster) might quote other cases, but would only now allude

to two, viz.: that of John Stephenson, an old Covenanter, whose life was published in 1728. This person swallowed a piece of bone, about the size of a hazel-nut, which got into his bronchi, and produced much pectoral disease like a decline. At the end of fourteen years and nine months, the bone was expectorated, when the patient recovered. The other case was one which the late Mr. Barrow, of Davies-street, told him, (Dr. Webster,) being that of a gentleman he had attended for some time, with severe pectoral symptoms, so much like phthisis, that the patient was not expected to survive.—However, early one morning he coughed up a piece of ginger, thickly encrusted with a hard mucous-looking matter, when recovery soon followed. On seeing the ginger, the patient told Mr. Barrow, that formerly he often went to sleep with a piece of that substance in his mouth, for a stomach complaint, and at the very commencement of his pulmonary affection he had done so, but missed the ginger in the morning; and he now had no doubt but it had then slipped into his windpipe, and produced all the subsequent symptoms. The cases now related, to which many others might be added, at least proved that foreign bodies might remain in the bronchi for a very long period, and were even ultimately got rid of without an operation.

PHYSICAL DIAGNOSIS.

BY P. C. DOLLEY, M. D.

The true Reformer must needs be in advance of those around him, and even of his times, and as a consequence, must stand as accuser of men and measures—and a condemner of positions and arguments of those whom he meets. It behooves us well then, while we exult in our prosperity, and the advancement of medical truth, to examine well what kind of men we are, and *should be*, who have taken it upon ourselves to proclaim these new doctrines. Evidently none but men of *science*, of *virtue*, of attainment, and of power.—He who cannot make himself known and felt as a Reformer, before he proclaims himself as such, is not worthy of the name, and cannot stand the test which the true Reformer must experience. He must show by his own deeds, that *he* feels the dignity of the station he assumes—that he means to make himself a benefit to the world,—before it shall confer an honor upon him,—and show, too, that he is capable of accomplishing it.

In conformity to these views, permit me to bring forward the subject of PHYSICAL EXAMINATION IN THE DIAGNOSIS OF DISEASE, as one that should be more fully urged upon the attention of practitioners.

There is probably no point more difficult in the whole range of the Physician's duties, than determining accurately the extent, nature, complications, &c. of disease,—and particularly without the aid of signs afforded by a physical examination, in diseases which admit of such examination. And what is he but a Quack, who will form his diagnosis and prescribe at random for a disease, when the means of *knowing* its nature, are at his command? In almost all diseases, nature has hung out her signals of distress, and if we properly understand them, we shall so read them as to make our insight clear, and as a consequence, our action in accordance with the dictates of our highest reason and best judgment—but if not properly read, who shall answer for the results of our prescriptions?

Take, for illustration, the two conditions of the respiratory organs, Phthisis Pulmonalis and Chronic Bronchitis, in the advanced stages of which there are so many concurrent symptoms, that without a physical examination, one is more liable to be led astray than otherwise. I have now a patient who has been drugged for Consumption, and was given up to die long since, in whose lungs no tubercle has ever existed. Miss P——, of our village, who died a year since, had been bed-ridden for years, was supposed to be wasting away with Consumption,—but a post-mortem examination showed a sound pair of lungs, with no disease of the system, except about the Uterus. Can science longer tolerate such abuse? Add to these diseases the numerous other morbid conditions of the lungs and air-passages, such as dilatation of the Bronchi, Emphysema, Oedema, Apoplexy of the lungs, Pneumothorax, &c., and without an accurate physical examination, the difficulties would be almost insurmountable.

But it is not in diseases of the lungs alone, that this mode of examination becomes of service. In diseases of the heart, it is almost indispensable, and in ascertaining the morbid condition of the abdominal viscera, it affords more certain data than any other set of signs. A case in point occurs to my mind. I was called some time last August, to see Mrs. B——, who had been ill for some four or five years of the Dropsy—and had been visited by seven or eight of the best physicians of this section. It was generally supposed to be a case of "*enlarged Liver*," with a consequent dropsy, &c. After a careful questioning and physical examination, I formed a diagnosis, and fearlessly gave it before a large number of friends who had assembled to see what I would say and do. As it was supposed she must die in a few days, my opinion was that Dropsy was her prime disease—that her Stomach, Liver and Heart were suffering *only in consequence of the great pressure upon them*, and that her lungs were perfectly sound. The result proved my position true, for at her post mortem examination, in March, the viscera were found precisely as I had described them, and instead of an *enlarged liver*, it was hardly of the natural size; and

her disease was the most marked case of Ovarian Dropsy, imaginable. I design to give the details of this case soon in the Ec. Journal. Had I depended upon the high authority which preceded me, or upon any thing but the symptoms developed by the physical examination, I should certainly have been misled, and as a consequence erred materially in my treatment. It is not my object to write an essay, but merely to call attention to a subject, which I think is too much neglected in the study, instruction, and practice of all classes of physicians.

The melancholy variations of human suffering and death which the physician has to meet, should touch the tenderest and noblest chords of the human heart; and he who can go forth and trample—ruthlessly *trample* in the dust the weighty responsibilities committed to him, and impose upon the confidence reposed in him, by pretending to know what he knows not—and to do what he cannot—and that too for a paltry pecuniary consideration—deserves hardly the *pity*, much less the confidence and esteem of community.

I hope, then, no Reformer will feel satisfied till he can in attainments of this and all other *medical* branches, place himself beside the highest—in other words, until he is fully prepared to discharge his responsible duties.

LEPTANDRIN.

To Wm. S. Merrell, A. M.

SIR: Feeling as I do a strong desire for the success, and final triumph of the principles and practice of Eclecticism, and being also well assured, that whatever new improvements, or discoveries may have been made, either in the way of Clinical practice or Pharmacy, are of the first importance in the progressive movements of medical reform; and, believing as I do, that in the use and action of different medicines one fact is worth a thousand metaphysical theories, and that no part of medical science has been more neglected and overlooked within the last century than the vegetable *Materia Medica*; I proceed to give the result of my observations in the use of the Leptandrin.

This medicine will be found to be of great convenience to the practitioner from its Homœopathic dimensions, and is destined to take a high stand among the already numerous articles of our indigenous *Materia Medica*, which being generally unfit for administration in their original state, require to be subjected to various operations, mechanical or chemical, before they become adapted to use. Pharmacy requires an accurate knowledge of the sensible and chemical properties of the substances operated on, as the qualities of many bodies are materially changed by heat, especially in conjunc-

tion with air and other chemical agents, and by pharmaceutic combinations.

Hence, in the preparations and combinations of the Pharmacopœia, the profession is not a little interested in knowing that this very important department of medical science is conducted on the most accurate and scientific principles. And here permit me to say, that I am highly gratified in witnessing the success attending your labors, in developing the resources of our *Materia Medica*. Soon after you had given to the public the result of your experiments on the subject of Podophyllin, Macrotin, and Leptandrin, at your request I took occasion to make some tests of the last mentioned article in my practice, the results of which have been very satisfactory, furnishing my mind with conclusive evidence, that the Leptandrin is not among the least valuable discoveries made in our vegetable *Materia Medica*. From the previous success attending the use of the Leptandria Virginica in the case of *hepatic torpor*, and morbid *dysenteric* discharges, I was inclined to believe that, if you had succeeded in developing its remedial powers, we should find the Leptandrin to be a valuable adjuvant in the treatment of those morbid states of the stomach and liver. Consequently, I sought the first opportunity of testing the merits of this new compound. I selected some eight or ten well marked cases of the above mentioned disease, and administered the Leptandrin in the following manner, which I find to be the best mode of using it, being insoluble in water. I submitted the *resin* to the action of a sufficient amount of Alcoholic Spirits to moisten it, and waiting until it had evaporated, I then triturated it with pulverized white sugar, until the whole became an impalpable powder. I usually gave to an adult from two to three grs. of the Leptandrin as above stated, in those cases of obstinate Chronic Diarrhœa which had resisted the mercurial treatment of the Allopathic practice; and am happy to state, that in most of the cases in which I have tried it, it has produced the most happy results, and confirms me in the opinion, that the Leptandrin will not only add another valuable article to our vegetable *Materia Medica*, but will be found to be a safe and valuable substitute for the heretofore idolized compounds of Mercury.

S. H. CHASE, M. D.

Cincinnati, August 15th, 1849.

We think the value of Leptandrin in Dysentery, has been thoroughly proved by the experience of the profession in Cincinnati.— As a cholagogue remedy of very little purgative power, well calculated to change the morbid diathesis, it is entitled to a high rank.

B.

HUNKERISM RENOUNCED.

Extract from the letter of a young physician in Missouri, to a gentleman in Cincinnati:

"The subject to which I allude is that of Medical Reform. My immediate object in writing to you is to ascertain if there is a reform medical periodical published in your city; so that if there is, I may have the pleasure of adding my name to its list of subscribers. I am aware that you have an able Eclectic Faculty in the "Queen City," but whether or not they have started a periodical I am not informed. If there is such a periodical in Cincinnati I will be under lasting obligations to you if, by letter, you will let me know something about its present condition. I am aware, that as a stranger, I am drawing too largely upon your stock of liberality; but as I am deeply interested in obtaining the asked for information, and as I do not know any one else in your city, you will please pardon my presumption; and if you will do me the favor asked, you may depend upon it being reciprocated should an opportunity ever present itself. Having thus dashed off so unceremoniously, you may probably wish to know who I am. Well, in the first place, I am a practitioner of medicine. I commenced the study of medicine in this place some years before you left here. I first began to read with P——, that great high priest of Calomel, who I verily believe has immolated more victims upon the altar of mercury, than he has hairs on his head. I studied here three years, and then went to St. Louis, where I spent two more years, under the tuition of the ablest men in the place, during which time I graduated in the medical department of the University of Missouri. Being thus thoroughly initiated into the sublime arcana of the routine poisoners of the old school, I returned to this place to practice my profession.

Early in my course of reading, my attention was forcibly fixed upon the many palpable fallacies, nay, damnable absurdities of the system which I was studying; and during the last three years of my pupilage, I embraced every opportunity of making myself familiar with the tenets of the new schools, so as to be able to compare the two systems, and thus draw an impartial parallel between them. When I returned to this place, it was with the full determination never to practice my profession as it had been taught me in the school from which I obtained my diploma. But I found the public mind so inveterately prejudiced against everything which bears upon it the impress of novelty, that I hesitated to cross the Rubicon. So, prompted by self-interest more than my own proper judgment of rectitude, I gradually fell into the old treadmill, blind, groping practice, which begins with calomel, the lancet

and blistering, and alas! too often ends with the melancholy conclusion of the *Grave*.

Well, I am now satisfied and thoroughly disgusted with the course I have been pursuing, and come what may, I am resolved, despite public opinion and my own interest, to sever myself forever from the old school, which to speak candidly, I look upon as little better than a machine for the destruction of human life and happiness. This is tolerably strong language I am aware, but I believe no more so than is justified by the facts in the case. In taking this contemplated step, I know I have many difficulties to meet and contend with. I will have to enter the arena of combat, not against a single foe, but against a host of stupid asses, led on by that brazen faced old demon, Prejudice himself. I will have to bear the jibes and scoffs of the public in general, and of the profession of medicine in particular, and have the epithet of quack hurled at me by many a self important donkey, who plumes himself upon the name of *doctor*, and who has not three original ideas above a common cabbage head. But this will only be for a season, for truth is in the ascendancy, and must ultimately prevail. The bright sun of reason is now rapidly rising above the dark outlines of our professional horizon, and I do not wish to be the last one to awake from the dull slumber of ignorance, and creep sluggishly forth to meet the coming noon. But if I can, like the morning lark, I will mount above the dull atmosphere of prejudice, and bask in the virgin beams of the day-god, while below thousands grope their way still through darkness and doubt."

CASE OF AMENORRHŒA OF TWO YEARS' STANDING SUCCESSFULLY TREATED.

Messrs. Editors :

I feel desirous of reporting the following case, and if you deem it worthy of publicity, give it a place in your excellent Journal. On the 10th of March, 1849, I was called to see Miss E—K—, aged eighteen, who had been suffering with suppression of the menses two years. She is of a sanguine temperament, with plethoric habit; has had several fits, much resembling apoplexy. In one of these attacks she was bled, and received a full course of the common treatment, but did not get any relief. I found her laboring under fullness and pain in the head, violent pulsations of the carotids, pulse full and bounding, with that peculiar contraction of the artery noticed in Scarlatina; great pain and soreness in the pubic region, and a dragging sensation in the left iliac region, (probably from partial prolapsus) nausea and vomiting; obstinate constipation of the bowels; extremities cold; acidity of the stomach; palpitation, and at times syncope to a slight degree; offensive breath, &c., &c.

TREATMENT.—Fomentations were applied to the abdomen, and continued until soreness subsided. Hydragogue cathartics exhibited until free evacuations were produced; the alkaline bath used twice a day; anti-dyspeptic pills given as often as necessary to keep the bowels open; an alterative pill was also given, composed of two parts Ext. Iris Versicolor, and one part Podophyllin. These pills seemed to have an admirable effect in restoring the tone of the liver, and preventing torpor of the bowels. The Restorative Wine Bitters were given in the usual dose, and the patient was soon able to ride in a carriage. At this time a medical beer was ordered as follows:

R Ictodes Foetida, Pulv., 3ij,
 Sanguin. Canad., “ 3ss,
 Ruta Graveolens.
 Boughs of the Juniperus Sabina, 44 1 handful,
 Water 1 gallon.

Place all in an earthen vessel, simmer to half a gallon, add yeast sufficient to work. Dose, one-half wine glass three times a day. The use of this one week restored the secretion, and her health has steadily improved. She is now well, and truly grateful to the Reformed practice of medicine. Duration of whole treatment four weeks. I saw her to day—she says she never was as well in her life as at this time; is able to do any kind of work.

Yours, Respectfully,

C. W. ARNOLD.

EAST TOWNSEND, Aug. 27.

The Journal has been of inestimable value to me—I hope it will be patronized liberally by all “Reformers.” In general practice I have had better success than my most sanguine hopes presaged.

C. W. A.

FLUID CAMPHOR.

The following recipe for fluid camphor has been highly commended by several foreign writers, who have used it successfully in cholera.—B.

3 grains Camphor;
 6 “ Bicarbonate Magnesia;
 1 oz. Water, or a wine-glass full.

Take a *part* or the whole every five minutes.

Sir J. Murray says:—“The magnesia does not interfere with the action of the Camphor, but, by neutralizing gastric acids, its properties are more favorably displayed. Further, it has undoubtedly succeeded in soothing and composing the *nerves* when solid camphor irritated and disturbed them, or when exhibited in powder, pill, or *bolus*, or what is nearly as bad, stimulating tinctures, acts as a local acid, inflicting pungent pain of the mucous membrane lining the alimentary passages.”

Homœopathic Department.

ADDRESS TO THE PUBLIC.

When in the course of passing events, it becomes necessary to call in question the correctness of opinions, venerated for their antiquity, as well as for the celebrated names that cluster around them; it is always proper to give a candid and explicit statement to the public, of the reasons by which we have been actuated. The more important the interest, the more closely the branch of business we propose to innovate or revolutionize, is connected with the welfare of society at large; the more it is becoming in the reformer to detail to the world a statement of the evidences and facts upon which he proceeds. It is by these means the pseudo-reformer, who seeks to revolutionize for CHANGE rather than PROGRESS; who desires to unsettle the existing state of things, that he may gain some temporary advantage for himself, may be distinguished from the man who is honestly seeking the amelioration of society as his only end. It is against those restless spirits, who seek to change rather than reform, that staid conservatism attains dignity and importance. The celebrated John Locke says, "all men are born to orthodoxy." We receive the prevalent opinions of our own day upon the slightest examination, and feel perfectly confident of their certainty, when we find them supported by the authority of those individuals who have the reputation of being the learned ones. The amateurs, in almost every department of learning, are under the authority of their masters; their convictions depending more upon the dictum of the teacher, than upon the demonstrations connected with the elucidation of the subject. Assent and evidence should always go hand in hand. If a man's assent goes beyond the evidence upon which it is based, all that excess may be put down as the result of prejudice and passion; and a refusal to examine the evidence for or against his favorite system, shows that some side consideration or sinister motive, governs in the premises, rather than a desire for simple truth.

Literary men are far from being always free from party bias and mental obliquity.

The distempers of the mind are as multifarious and mixed as those of body—and frequently much more enduring. A mind under the influence of prejudice, interest, or passion, may reject truth, reject evidence, reject facts; preferring the most flimsy *a priori* reasoning to careful experiment and rigid induction.

A diseased understanding is wholly out of relation with evidence and fact.

Why was it that Copernicus was scoffed at? or Galileo imprisoned? but from the fact that the literary men of their day were governed by prejudice and presumption.

Galileo says of a cotemporary philosopher who had denounced him as a quack and visionary, "I have repeatedly invited him to verify my observations by looking through my glasses, but he pertinaciously refuses."

It is said that of all the physicians who lived cotemporary with Hervey, no one above forty years of age ever adopted his views of the circulation of the blood.

Jenner's splendid discovery of the prophylactic virtues of cow pox, in destroying the susceptibility of the system to small pox, was derided and denounced, for no other reason than that the learned Doctors of that day were effected with a deep and truth-destroying perversion of their intellectual powers. But the pitiful, sickening record of the past is not sufficient. As a lesson from history, it is far from being realized. To the learned bigot of the 19th century it has no moral.

The manner in which the discovery of Hahnemann is treated, will soon, like the foregoing, be quoted to illustrate the fact, that the most learned Doctors may carry about them a mental obliquity for years, without ever suspecting the necessity of taking physic or applying a blister.

The bigoted prejudice of the learned is undoubtedly as much in the way of the final consummation of man's earthly destiny, as the ignorance and superstition of the multitude.

Homœopathy, however, in spite of all the reproach and persecution that has been heaped upon it, stands forth a *realized* truth. *Similia similibus curantur*, has taken its place in the annals of medicine, as a historic fact, from which it cannot be torn. The crime of Samuel Hahnemann was the discovery of a new truth; a discovery, too, in that most incorrigible of all departments of human enquiry, Therapeutics.

He has indeed widely departed from all his predecessors in this department of medical literature. Instead of theorizing; instead of inventing; of conjuring up in his own imagination, a theory of the action of drugs, he has assumed to himself the humbler task of experiment and discovery.

Like a true reformer, he has placed one foot upon facts, deduced from careful experiment, while the progressive one was carefully reached forward, and placed upon a great general principle, in which all the facts were united, thus by induction, laying the foundation for the practice of medicine as an art, and for its progressive development as a science. It forms a general law, expressive of the curative relation between drugs and disease.

Were we to look to the allopathic *Materia Medica* for any *discovered* principle, or even *invented* theory of relation between drug and disease, that were available as a general rule in practice, we should look in vain.

I need hardly insist that any system of medicine must be impotent in restoring the sick to health, in the same proportion as its *Materia Medica* is false, fabulous, or undeveloped; or in proportion as it fails to furnish clear and practical rules by which to apply drugs to disease. It is not enough to learn the nature and properties of drugs, and the pathology and progress of diseased action; there is a third question of no less importance than either of the former, and that is the relation existing between the remedy and the form of disease it is adapted to cure. Until this relation is clearly perceived and practically apprehended, the important desideratum is unattained.

The old school *Materia Medica*, so far as it assumes to treat of the nature and qualities of remedies, is a strange medley of fact and fiction, presenting to the reader a confused mass of incongruous prescriptions of drugs, whose particular qualities are, in many instances, entirely supposititious, grouped together without any due regard to their dynamic relations.

In the older *Materia Medica*, the supposed qualities of medicines were arbitrarily imposed upon them, by the imagination of the theorists of the day; and as the fancy of writers varied, so we find the powers attributed to the same substances, differing greatly in the estimation of different writers, and at different times.

Says Bichat in his *General Anatomy*, "There is not in the *Materia Medica*—that is, the history of *remedies*—any general system; but this science has been by turns influenced by those who have ruled in medicine.

The incoherent assemblage of opinions, themselves incoherent, it is perhaps, of all sciences, the best representation of the caprices of the human mind.

What do I say? It is not a science for a methodic mind, it is a shapeless assemblage of inexact ideas, of observations often puerile; of deceitful means; of formulas as absurdly conceived, as they are fastidiously collected."

Says Dr. Gertanner, authority of no humble rank, "Our *Materia Medica* is a mere collection of fallacious observations."

Says Doctor Paris, "They ask (and it must be confessed they ask with reason,) what pledge can be afforded, that the boasted remedies of the present day will not, like their predecessors, fall into disrepute, and in their turn, serve only as humiliating memorials of the credulity and infatuation of the physicians who commend and prescribe them? In the progress of the history of medicine when are we able to produce a discovery or improvement which has been the result of that happy combination of observa-

tion, analogy and experiment, which has so eminently rewarded the labors of modern science."

It was reserved for Samuel Hahnemann to discover the very analogy Doctor Paris so much desired, and to enunciate it as a great law of analogy between drug and disease, distinctly expressed in their external manifestation.

The experiments also he has performed by testing a great variety of drugs under the most favorable circumstances for obtaining correct results, and thousands of well trained physicians have made many hundred thousand observations, by applying those remedies to disease, in conformity to the above analogy, and find the new elicited principle a most trust-worthy guide.—S.

ÆSCULAPIUS IN THE BALANCE.

BY SAMUEL HAHNEMAN, 1805.

(Continued.)

In this great period of nearly two thousand years, was the pure observation of disease neglected. The wish was to be more scientific, and to discover the hidden causes of disease. These once discovered, it were an easy task to find out a remedy.

Galen devised a system for this purpose. His four *quantities* in their different degrees; and for one hundred and fifty years his system was worshipped over our whole hemisphere, as the *ne plus ultra* of medical truth. But this phantom did not advance the practical art of healing by a hair's breadth; it rather retrograded.

After it had become more easy to communicate thought, to obtain a name by writing hypotheses, and when the writings of others could be more cheaply read—in a word, after the discovery of printing—the systems rapidly increased, and they have crowded one on another up to our own day. There was now the influence of the stars, now that of evil spirits and witchcraft; anon came the alchemist with his salt, sulphur, and mercury; then Silviu, with his acids, biles, and mucus; then the iatromathematicians and mechanical sect, who explained everything by the shape of the smallest parts, their weight, pressure, friction, &c.; to these succeeded the humorists, with certain acridities of the fluids; then the tone of the fibre and the abnormal state of the nerves was insisted on by the solidists; then, according to Reil, much was due to the internal composition and form of the most minute parts, while the chemists found a fruitful cause of disease in the development of various gases. How Brown explained disease with his theory of irritability, and how he wished to confine the whole science with a couple of assumptions, is still fresh in our recollection; to say no-

thing of the ludicrously lofty, gigantic commencement of the natural philosophers. Physicians no longer tried to see diseases as they were; what they saw did not satisfy them, but they wished by a *priori* reasoning, to find out an indiscoverable source of disease in regions of speculation, which are not to be penetrated by terrestrial mortals.

Our system builders pleased themselves in those metaphysical heights, where it was so easy to win territory; for in the boundless region of speculation every one becomes a ruler, who can most effectually transcend the evidence of the senses. The superhuman aspect they derived from the erection of these stupendous castles, concealed their poverty in the art of healing. But since the discovery of printing, the preliminary knowledge of the physician, especially Natural History and Philosophy, and in particular the Anatomy of the human body, Physiology and Botany, have manifestly increased.

But it is worthy of the deepest reflection how it comes that those useful sciences, which have so manifestly increased the knowledge of the physician, have contributed so little to the improvement of his art.

Then the anatomist took upon him to explain the functions of the living body; and, by his knowledge of the position of the internal parts, to elucidate the whole phenomena of disease. Then was this membrane or that tissue of the intestines, a continuation of the membrane or tissue of another part of the intestines; and so, according to them, was the whole mystery of metastasis unravelled to a hair. If that did not prove sufficient, they were not long in discovering some nervous filament, to serve as a bridge for the transportation of a disease from one part of the body to another, and *more* unfruitful speculation of the same kind. After the absorbents were discovered, anatomy took upon herself to instruct physicians in what way medicines permeated them, in order to get to that spot of the body where their operation was wanted; and there were many more of such material demonstrations put forward, much to the retardation of our art.

Physiology, until Haller's time, looked only through the glasses of hypothetical conceits, gross mechanical explanations, and pretension to systems, until this great man undertook the task of founding the knowledge of the phenomena of the human body upon sensible observation alone, little has been added since his time, except so far as newly discovered products, newly discovered physical powers and laws, have conspired to explain the constitution of our frame.

In general, natural philosophy pressed somewhat arrogantly to the explanation of phenomena in the healthy and diseased body. Then were the manifest laws which, in the inorganic world, regulate the extrication, confinement, and diffusion of caloric, and the

phenomena of electricity and galvanism applied, without change and without any exception, to the explanation of vital phenomena; and there were many premature conclusions of a similar kind.

But none of the preliminary sciences has assumed so arrogant a place as chemistry. It is indeed a fact that chemistry has explained certain appearances of the healthy, as well as the diseased body, and has been a guide to the preparation of various medicines; but it is incredible how often it has usurped the right of explaining all physiological and pathological phenomena, and how much it has distinguished itself by authorizing this or that medicine. Green, Tromsdorff, and Liphart, may serve as warning examples of this. It is, I repeat, a matter for most serious reflection, that while these sciences, (in themselves most honorable,) have advanced within these last ten years to a height of perfection which seems not to be surpassed; yet, notwithstanding, they have had no marked beneficial influence on the treatment of disease. Let us consider how this has happened.

Anatomy shews us the outside of every part which can be separated with the knife, the saw, by maceration; but the deep internal changes it does not enable us to see. And when we examine the intestines, still it is only a view of the outside of anything we obtain; and even were we to open live animals, or, like Herophilus, (of horrid memory,) dissect men alive, so little could we penetrate the minuter structure of parts lying remote from view, that even the most inquisitive and attentive observer would relinquish the task in dissatisfaction.

Nor does he make much greater discoveries with his microscope, unless the refracting power favor him with an optical illusion. He sees only the outside of organs, he sees only their grosser substance; but into the innermost depth of their being, and into the relation of their secret processes, his mortal eye can never pierce.

By means of pure observation and unprejudiced reflection, in connection with anatomy, natural philosophy, and chemistry, we have arrived at very probable conclusions regarding the formation and vital phenomena of the human body (physiology,) because all the phenomena in what is called a healthy body remaining constant, can be observed from different points of view, so that the supposed facts can be re-observed, compared, and corrected. But it is no less true, than striking and humbling, that this anthropological or physiological knowledge begins to prove of no use as soon as the system departs from its state of health. All explanation of morbid processes, from what we know of healthy ones, are deceitful, approaching more or less to what is untrue; at all events, positive proofs of the reality and truth of the transferred explanations are unattainable; they are from time to time refuted by the highest of all decisions—*experience*. Because an explanation answers for the healthy state of the frame, it will not answer for the diseased. We may admit

it or not as we please; but it is too true that, in the moment when we attempt to look through the state of this disease physiologically, there drops before our previously clear light of physiology, a thick veil—a partition which prevents all vision. It is all over with our physiological skill when we have to explain the phenomena of morbid action. There is almost no part of it applicable. True, we can try to make an application of the physiological systems to pathological phenomena; but it tends to mislead into error. Chemistry should never attempt to afford an explanation of pathological changes, since it is so unsuccessful in explaining the normal ones. When it predicts what, according to its laws, ought to happen, then something quite different takes place; and if the vitality overmasters chemistry in the healthy body, how much more must it do so in the diseased, which is exposed to the influence of so many more forces.

And just as little does it become chemistry to give a decision upon the value or worthlessness of medicines; for it is altogether out of its sphere of vision to determine what is healing or hurtful; and it possesses no principle and no standard by which the healing efficacy of medicine, in different diseases, can be measured or judged of. Thus has the healing artist stood alone—I might say forsaken—forsaken of all his renowned auxiliary sciences—forsaken of all his transcendental explanations and speculative systems.

All these assistants were mute, when, for example, he stumbled upon an intermittent fever, which could not be removed by means of purgatives and cinchona bark. "What is to be done here?" he enquires of these, his oracles. And these oracles have remained silent up to the present hour, in most cases.

HOMŒOPATHY IN CINCINNATI.

The following letter will sufficiently explain itself. It is enough for us that it comes in an authentic form; and, however "doctors may disagree" in regard to the subject matter, we simply perform an act of courtesy to the recipient of the communication, who occupies no doubtful position in our midst. The writer is a clergyman of good standing in Cincinnati, Ohio.—[*Phila. Bulletin*.

CINCINNATI, Aug. 9, 1849,

Dr. C. Herring:

DEAR SIR.—I have lately read in the Saturday Evening Post, published in your city, under date of July 28th, an article on "Cholera on Cincinnati," containing some extracts from a correspondent in this city, who, the editor says, "is a gentleman well and favorably known in editorial circles." The correspondent of the Post ascribes the great mortality in Cincinnati from cholera,

1st, "to the circumstance that the mode of living of the foreign population, among whom the epidemic has prevailed most extensively, is calculated to bring on the disease;" and 2d, "to the fact that these classes generally employ either Homœopathic physicians, or illiterate and uneducated physicians of foreign birth, violently prejudiced against the use of calomel and opium."

According to this writer, then, the great mortality that has lately prevailed in Cincinnati, is to be ascribed in a good measure, to the non-success of Homœopathic treatment in cholera. I am surprised that any respectable person in our city, should make such a statement in the face of facts, which I had supposed were pretty generally known here. Certainly the writer must either be very dishonest, or violently prejudiced against Homœopathy, or which is the most charitable conclusion, totally ignorant of the facts in the case. Having myself been in the midst of the epidemic—having seen much of the disease in all its stages, and having witnessed the truly astonishing success of Homœopathy in the treatment of cholera, I could hardly refrain from a burst of indignant feeling on reading the extract above referred to. For I felt that it was not only unjust in the highest degree to the Homœopathists of Cincinnati, but calculated to deceive and mislead the inhabitants of our eastern cities, where the epidemic is now prevailing, and that it may, perhaps, prevent many from knowing the blessings of Homœopathy, who might otherwise have experienced them.

But it is not my design or wish to appear as the *advocate* of Homœopathy. If *true*, it receives no honor from man. If *not* true, it deserves none. But I will state a few facts which I have collected with great care, by personal inquiry of the different families belonging to my own congregation, both of those who use the homœopathic and those who use the allopathic practice. And I may add, that it was reading the article in the Post, above referred to, which led me to make the inquiries I have, and to collect the facts which I will now state.

As nearly as I can ascertain, then, there are belonging to the congregation in Cincinnati, of which I have the pastoral charge, 104 families in all. Of these families, 86 have used, and *relied* upon, the homœopathic treatment in all attacks of cholera; 13 have used, and relied upon, allopathic treatment; and the remaining 4 have had recourse to the eclectic or botanic practice; and the results have been as follows:

In the 86 families that have relied upon the homœopathic practice—numbering 476 individuals, including such domestics and others in their employ as abide by the usual medical treatment used in the families—there have been, since the commencement of the epidemic the present season, 160 cases of cholera—and a considerably larger number according to the definition as given by one of our distinguished Allopathic physicians, Dr. Drake. I do not

include in this number all cases of diarrhœa that have occurred in these families, but only those severe attacks which were of a decided cholera type, and which, if unchecked, there was every reason to believe would have resulted shortly in fully developed cholera. Several of them were cases of cholera fully developed, and some of the severest kind; and very many were attended with cramps, vomiting, rice-water discharges, &c. And out of all these 160 cases treated Homœopathically, there has occurred but *one death*. And it is but justice to Homœopathy to state, that this was the case of a lady whose vital powers had been greatly enfeebled by a recent confinement, who did not send for her physician until six or seven hours after the diarrhœa commenced, and who, owing to the numerous other calls at that time, supposed to be more urgent, (for he was not informed that hers was a case of cholera,) was not seen by him till about twelve hours after the attack, when the patient had sunk beyond the reach of remedial agents.

In the 13 families treated Allopathically—numbering in all 74 individuals, including domestics, &c.—there have been 25 cases, and *five deaths*—all Americans.

In the 4 families who use the Eclectic or Botanic practice—numbering in all 30 individuals—there have been five cases and no deaths.

I ought to mention that, in quite a number of all the cases treated, no physician was called, the patient having found relief from the remedies previously furnished the families by their respective schools of practice. I believe about all the families who have used the Homœopathic practice, have kept themselves supplied with a box of the cholera remedies, accompanied with the printed directions. This has generally enabled them to arrest the disease in its first stages. The proportion of *cases* to the number of persons composing the families, is almost precisely the same among those who relied upon the Homœopathic, as among those who used the Allopathic treatment, *i. e.* about one case to every three individuals. It will also be seen that the number of cases treated Homœopathically have been more than six—nearly six and a half—to one treated Allopathically. Yet the number of deaths under the Allopathic treatment has been *five times* as great as under the Homœopathic. According to the ratio of deaths to cases treated Allopathically, the Homœopaths should have lost more than 30; whereas they have lost but *one*. As far as these statistics go, therefore, (which I have used great care in collecting,) they show that the new treatment has been more than thirty times as successful as the old or *regular* treatment as it is called.

And here I must not omit to mention another fact going in some measure to show how Homœopathy has been gaining upon the public confidence in Cincinnati during the prevalence of the cholera, and what must be the *reputed* success of the two schools among

ourselves. I have ascertained that, out of the 86 families mentioned, ten had previously used the Allopathic practice, and had not been favorable to Homœopathy, but have resorted to it for the first time since the cholera made its appearance among us, and in every instance with complete success. One of these families resides at Fulton, a small village just above Cincinnati, where the epidemic was very fatal, and where, as I am informed by one who had the means of knowing, there were eight or ten deaths daily for a considerable length of time, and *no* cures by Allopathic practitioners prior to the attack of the two individuals who were treated *successfully* by Homœopathy.

It should also be told, that in some of the families belonging to my congregation who have resorted to Homœopathy with entire success during the prevalence of the cholera, this season, there were more or less deaths in 1832, '33, and '34, when the same families relied upon the old practice, and when, too, the epidemic, (if we except a day or two in 1832) was less severe. I may add, too, in this connection, that, in point of intelligence, respectability, prudence, locality, &c., there is no essential difference between the families that have used the Homœopathic and those that have used the Allopathic practice. There is, I think, as near an equality among them in these and other similar respects, as it is possible to conceive of. And nearly every family are Americans—probably not half a dozen foreigners in all. All who have died were Americans.

I will now state another fact, which, though of a somewhat different character, tells the same story in regard to the relative success in cholera of the two schools in question. On referring to my record-book I find that I have officiated at the funerals of eight persons who died of cholera since the month of May. And, notwithstanding my acquaintance among families who employ the Homœopathic practice is, at least five times as extensive as among those of the old or "regular" school, yet *seven* of these funerals were of persons who died under Allopathic, and only *one* of them under Homœopathic treatment. This fact shows Homœopathy to have been *thirty five* times as successful in cholera as Allopathy; for, on the supposition of *equal* merit and success in the two systems, I ought to have attended the funerals of five times seven, *i. e.* of 35 persons, who died under Homœopathic treatment, instead of *one*.

The following, equally remarkable, illustrating with equal force the superiority of Homœopathy to Allopathy in Asiatic Cholera, was communicated to me by Mr. James Root, one of the most respectable members of my congregation, and whose character for truthfulness and probity is, I believe, well established in our city. Mr. Root is the proprietor of an iron foundry, in which he employs 45 workmen—mostly foreigners. Out of this number he informs

me that something like 20 have been attacked by cholera within the last three months, and that some of these attacks were of the severest character. *All of them*, he says, were treated Homœopathically, and *all recovered*. Not a man in his establishment has died of cholera during the season, although belonging to that class of individuals, among whom, as is well known, the epidemic has generally proved most fatal.

Now compare this statement with the following, which I obtained from the respectable and enterprising proprietor of another similar establishment in our city—and note the contrast. *Fifteen* have died of cholera the present season, out of the 325 workmen employed in this latter establishment; and I have not been able to learn that any one of these had Homœopathic treatment. The proprietor is friendly to Allopathy, and uses that treatment himself.

One other fact, of too remarkable and striking a nature to be omitted, was communicated to me by Mr. Root, whose statement was afterwards confirmed by one of the surviving members of the family referred to. One of the men employed in this gentleman's foundry—a German by birth—who recovered from the cholera under Homœopathic treatment, belonged to a family which a few months ago, consisted of six members. Every member of this family was attacked by cholera. *Four* of them had Allopathic treatment, and *all died*. The other two, who were, I think, the last attacked, had Homœopathic treatment, and both *recovered*.

These are the most important facts which I have been able to collect by careful personal enquiry among the members of my own congregation. And I will add that they are not *picked* facts. They have not been *culled* from a number of others *less* favorable to Homœopathy. They have not been selected with partiality, nor with any design or wish to favor the New School of Medical practice, but simply to show to you, and (if you think them of sufficient importance to be made public) to the inhabitants of your city, and other eastern towns, how little foundation the correspondent of the *Evening Post* had for the assertions made by him and published in that paper, touching the success or non-success of Homœopathy in our city during the prevalence of the epidemic cholera. I cannot think that any high-minded and honorable Allopathist will blame me for collecting these facts, or for leaving it optional with you to make them public. For what other solid or safe foundation is there besides *facts*, on which to base a rational conclusion in matters of this nature? And yet I do not *explain* for others the facts here presented.

The opponents of Homœopathy are at liberty to account for them as they are best able, or to explain them in any manner most satisfactory to themselves. But *the facts themselves*, as herein communicated, cannot be gainsayed. You are, therefore, at liberty

to make any use of them which you may think will subserve the cause of humanity, or the interests of medical science.

I remain, dear sir, yours, which sentiments of high respect and esteem,

B. F. BARRETT.

DR. CONSTANTINE HERRING.

P. S. Since writing the above, I have learned upon what I deem good authority, that two or three of the respectable Allopathic physicians of this city have been so much impressed with the recent triumphs of Homœopathy here, that they have resolved to make themselves better acquainted with the new system, and have commenced the study of Homœopathy in earnest. One of them, as I am credibly informed, has lately purchased thirty or forty dollars' worth of Homœopathic books and medicines. But I have not yet heard of a Homœopathic physician becoming so dissatisfied with his own system during the prevalence of the cholera, as to think of looking to the old Allopathic school for more light on the subject. And while Homœopathy has gained ten families from the Allopathic ranks in my own congregation since the commencement of the cholera, I should not omit to say that Allopathy has not gained *a single family* from the Homœopathic ranks. You can judge from this which of these two schools of practice has been lately gaining most rapidly in the popular estimation, or to which principally would be ascribed the great mortality from cholera with which our city has been visited, if the question were to be fairly tried before the bar of public opinion.

It may also interest you to hear that a meeting of some of our most intelligent and respectable citizens—non-professional men—has been called for next Tuesday evening, with the view of forming a Homœopathic Society in Cincinnati, somewhat after the plan of similar societies that have been formed in some of the eastern cities. And it is worth stating, that some of those most active in this movement have quite recently become converted to the Homœopathic doctrine.

Yours, &c.,

B. F. B.

NOTE.—In the foregoing letter Mr. Barrett speaks inaccurately of the Eclectic practice, as "Eclectic or Botanic," not being aware that there is a distinct school which bears the title of "Botanic," or Botanico Medical. However as this title has lately been changed to "Physo-medical," the public can hardly be expected to know exactly the proper terms.—B.

Part 2.---Selected.

REPORT OF DR. J. H. JORDAN, ATTENDING PHYSICIAN OF THE CINCINNATI CHOLERA HOSPITAL TO THE BOARD OF HEALTH.*

GENTLEMEN :

I have the honor of submitting the following as a Report of the Fourth Street Cholera Hospital of Cincinnati, for the time of my connexion with that Institution—being from the 6th of June till the 18th of August—the period of its suspension.

There were admitted as patients—

From the 6th to the end of June,	100
During the month of July,	139
From the 1st to the 16th of August,	27
	266

These may be classified as follows, so far as known:

<i>Nation.</i>	<i>No. admitted.</i>	<i>Males.</i>	<i>Females.</i>	<i>No. deaths</i>
Irish,	92	65	27	31
German,	83	58	25	41
American,	40	31	9	13
English,	24	21	3	4
French,	5	4	1	3
Scotch,	4	4	0	0
Colored,	4	3	1	2
Italian,	1	1	0	0
Welch,	1	1	0	1
Unknown,	12	12	0	5
Total,	266	200	66	100

By estimating the aggregate mortality from *all causes*, and the relative proportion of deaths and cures, we have the following :

Whole number of admissions,	266
Whole number of deaths,	100
Whole number cured,	166

Showing a mortality in proportion to the number of admissions, of 37.59 per cent, which for convenience, may be styled *three-eighths* or 37½ per cent. Such are the aggregate results, for which, however, other causes than cholera are, to a considerable extent, responsible.

*This report was received too late for insertion under the original head.

As this Hospital was established expressly for the reception of cholera patients, and as much interest is felt in the result of the treatment of that disease, it is necessary to exhibit distinctly the mortality which may be fairly ascribed to cholera, and the ratio of mortality *among those who were treated for cholera* in this Hospital. By doing this we can ascertain the exact degree of success which has attended our efforts for the relief of that disease, and learn to estimate its probable mortality in future attacks.

We must therefore estimate the number of those who cannot be regarded as cholera patients, which is as follows: Among the deaths, there were 5 who died of *Narcotism* from drugs taken previous to admission; 3 who died of *Delirium Tremens*; 5 who died of *Nervous fever*, (more properly speaking, perhaps, of *Opium fever*;) and 8 who died of "other diseases"—making 21. These of course should not be reckoned in the account as cholera deaths. In addition to these, there were 5 others that were not strictly cholera cases—4 of whom were cured, and one remitted to the Commercial Hospital—making in all 26. Not reckoning these in the account, the mortality will be found a fraction less than 33 per cent, or 32.9. This, it will be seen, is but a little more than one half as great a mortality as has been exhibited in the treatment of cholera this year in the Hospitals of Paris, although attended by the most eminent men in the medical profession.

But there is another fact which must be mentioned. Besides the foregoing 26 cases, there were 30 *in articulo mortis* when admitted, who died on an average, *in less than an hour!*

That there should be so large a proportion of the cases in articulo mortis when admitted, may excite some surprise—unless the statement be accompanied with an explanation. A number were brought to the Hospital in this condition from steamboats immediately on their landing, having lain in a state of collapse frequently for hours previous to their arrival in this port. Some were in this condition when found by the Ward Committees and benevolent individuals who interested themselves in behalf of the poor, and were brought here with the vain hope that they could be cured. But I am compelled to say that a large proportion were cases that had been treated by physicians until past all hope of recovery, and then sent here *by those physicians*, or by their directions. As it could not be expected that such a measure could be of any service to the patients, and it could only serve to increase the apparent mortality of the hospital, I leave it to others conjecture the motives of such a course.

By subtracting this number also from the number of admissions and deaths—and it is but just to do so, as I cannot be held responsible for cases that were too far gone when received to admit of treatment—we are enabled to arrive at the true number of cholera

cases treated, together with the exact number of deaths among the same, which are as follows :

Whole number of cholera patients treated,	210
Whole number of deaths,	49
Discharged cured,	161

Comparative results: CURES, 76½ per cent.; DEATHS, 23½ per cent.

In comparison with other hospitals of the kind, this would be regarded as a small mortality; and yet the greater portion of these deaths were due to the advanced stage of the disease in which the patient was received. If all had been removed to the hospital upon the first appearance of cholera symptoms, I am convinced the mortality would not have exceeded 10 per cent.—probably much less.

That this hospital was placed under the most unfavorable circumstances amidst the ravages of an unusually severe epidemic, is evinced by the fact that between an eighth and a ninth of all the patients admitted were actually dying when received, and lingered generally less than an hour; and that about an eighth of all that were cured, or TWENTY, were, when admitted, in that extreme and *pulseless collapse*, from which recoveries are rare. Under these unfavorable circumstances it could not have been expected that the results of the treatment would have been as successful in the hospital, during the severest period of the epidemic, as they were, or should have been, during the milder form of the disease in the month of May, and under the more favorable circumstances of private practice; yet if we compare the true cholera mortality of the hospital, throughout the severest period of the epidemic, with the mortality of private practice, as reported to the Board of Health during the month of May, the mortality of the hospital will be found scarcely equal to that of private practice.

On the other hand, if we compare the mortality of cholera patients in the Cincinnati hospital with the mortality of cholera hospitals in Paris, attended by the most learned and distinguished medical faculty in the world, we find the treatment in the Cincinnati hospital has produced far the most favorable results—the ratio of mortality being less than half as great as the mortality in Paris! (The cholera mortality of the Parisian hospitals, according to their reports in May, was 62 per cent.—nearly three times as great as that of the Cincinnati hospital.)

When this hospital was established it was expected that a mortality of 50 or 60 per cent., would characterize its reports; we have therefore great cause to rejoice at these unusual *results*, and it may not be amiss to inquire into the cause of so gratifying an issue to our labors.

I have not the vanity to claim any peculiar talent, skill, or any

other merit, except a conscientious discharge of my duty. Whatever credit may be attached to these results, must be ascribed mainly to the principles of treatment which were adopted and faithfully carried out—principles which have stood the test of many years' experience in this country, and have never yet failed to demonstrate their superior value. These principles have been derived from the **ECLECTIC** or **AMERICAN** system of medicine—a system peculiar to our own country, and widely distinguished in many respects from the Old School, or European system, which claims a foreign and antiquated origin. The Eclectic system, which excludes mercurials and general depletion by the lancet, as well as many other injurious agents, both in this and in all other diseases, recognizes a great variety of stimulating, sudorific, diuretic, astringent, alkaline, antispasmodic, cholagogue, and emetic remedies, as appropriate in the treatment of cholera; and aims to substitute safe, simple, and sanative agents for those which tend to create or aggravate disease by their own poisonous nature, or to produce permanent debility.

It will not be expected, I presume, that I should give a detailed report of the treatment on the present occasion. To do so would make a voluminous document, only appropriate to the pages of a medical journal. Should the epidemic threaten to visit our country again, I may select something from my experience and observations suitable for publication, for the benefit of the public in regard to the prevention and cure of this disease. For the present I will only remark, that the course designated by the above general terms was adopted and thoroughly carried out. I will add, however, that my experience in the hospital has rendered me still more averse to the use of pernicious drugs, and more in favor of a mild and simple practice. By far the worst cases to treat were those which had previously been drugged with opiates and mercurials. Even the state of pulseless collapse, unmodified by any medicine, was far less formidable to encounter than a condition less advanced in the disease, but laboring under the influence of mercury and opium. A majority, if not all of the twenty who recovered from a state of collapse, had received no treatment of consequence previous to admission.

As to the *cause* or *theory* of the disease, so much has already been said by medical writers that it is needless to accumulate additional speculations. That the liver, however, is not the seat of the disease, nor its derangement the cause of it, either remote or proximate, my experience has abundantly satisfied me. Hence the impropriety of giving calomel or harsh cholagogue medicines. Such remedies, in a milder form, may frequently be necessary in the convalescent stage, but in my opinion are never indicated until after the formidable symptoms of the disease are subdued. I conceive it one of the *fatallest* and most unpardonable mistakes to

ascribe the disease to a derangement of the liver! Remove the cause and restore a healthy action of the system, by means of stimulants, sudorifics, and alkalies, aided if necessary by external heat; allay urgent symptoms, if present, by the use of astringents, antispasmodics, and outward applications in the form of sinapisms and rubefacients; do this, and in nine cases out of ten the liver will take care of itself. At least such has been my experience.

The experience of this Hospital I believe fully proves that the cholera, if rightly treated, is not so formidable a disease as has generally been supposed. I must confess however, that much depends upon promptness and early treatment. Guided by experience in this matter, I would therefore respectfully suggest to the Board of Health that in any future invasion of cholera, the public safety requires that every family should be supplied with some safe and efficient cholera remedy; accompanied by brief directions as to diet and other things. By pursuing such a course the premonitory symptoms could be promptly met—but few cases would assume a formidable type, and the loss of life might be reduced to an inconsiderable amount compared with the usual mortality of this disease. Any knowledge of this kind in my possession I shall be happy to furnish to the Board at any time, if desired.

In conclusion, gentlemen, I must acknowledge my obligations to you for your hearty co-operation—the efficient aid I received at your hands, and the promptness with which you responded to every call in behalf of the Hospital. Your laudable and efficient endeavors in behalf of the afflicted destitute during the late epidemic, at the sacrifice of time and private interests, not only at the Hospital, but on any and every occasion, richly entitle you to the gratitude of your fellow citizens. Such devotedness to duty and the cause of suffering humanity, should not, and I trust will not, go unrewarded.

I am gentlemen,

Your obedient servant,

J. HENRY JORDAN, M. D.,

Resident Physician.

CINCINNATI, August 18, 1849.

From the Boston Medical and Surgical Journal.

ON LARGE DOSES OF CALOMEL IN CHOLERA, &c. *By W. L. Sutton, M. D., of Georgetown, Ky., with Remarks by Prof. J. Bigelow, of Boston.*

[The following letter, illustrative of the use of calomel in the western States, has been sent to us for publication. It is addressed to Professor Bigelow, of this city, who had expressed a suspicion

that the calomel used in such large doses at the West, might be of inferior quality, adulterated, as sometimes happens in commerce, with chalk or gypsum. A sample of western calomel sent with the letter, did not reach us. We have submitted the letter to Dr. Bigelow, who remarks as follows.]

I know of no sufficient reason for believing that calomel cures cholera in any doses, large or small. On the contrary, it notoriously fails, and has failed, in most parts of the world where it has been abundantly tried. In no part of our own country have we heard of its being so boldly administered for this disease than in our western States; and in few parts of the world has a greater mortality attended the epidemic. What confidence has calomel earned for itself in such cities as St. Louis and Cincinnati, where hundreds of people have been dying *daily*, notwithstanding the prevailing use of this drug? Would any medicinal appliance, active or inert, have been followed by more disastrous results? It is the bane of medical science, that physicians do not publish their unsuccessful cases—that scores of failures are suffered to pass without notice, while a few recoveries or escapes, (which perhaps have been retarded or jeopardized by some heroic practice,) have been circulated as cures effected by means of that practice. Every physician who has had much to do with grave epidemics, well knows that the violence of cases varies with personal predisposition and circumstances; that there are slight cases which recover under almost any treatment, good or bad; and grave cases which end fatally, whatever may be the practice employed. Witness small-pox, scarlet fever, influenza and cholera, the cases of which are as different in the prognosis which they justify, as the cases of gun-shot wounds on a battle field. Yet sanguine practitioners, learned and ignorant, are always found building general laws of treatment on a few exceptional cases which they happened to have witnessed; and now, as formerly, we have unfailing cures of cholera successively announced in almost every city, in which that pestilence unchecked has completed its work of devastation. Dr. Sutton, whom we are happy to esteem as an honorable and intelligent physician, states both sides of the question, when he says, in regard to calomel in cholera, that “many recovered after taking enormous quantities, some of them apparently uninjured; others died of the effects of mercury, and others drew out a miserable life.”

J. B.

[The following is the letter from Dr. Sutton.]

PROF. BIGELOW:—Although I have no personal acquaintance with you, I do not consider that a sufficient reason why I should not address you a few lines upon a subject of some interest to us both, as members of one profession.

I have understood that you are rather incredulous as to the amount of calomel used in the West and South-west; at least doubting whether it is not half chalk. I therefore enclose a sample of some which I am at present using; which, indeed, I have tested in no other way, than by giving it to others, and taking myself a drachm of it the other day, in three doses.

When I was a student, my preceptor, Dr. Ferguson, of Louisville, Ky., who did a large practice, and was usually very successful, gave ordinarily to an adult ten grains, if it was to be followed by anything to assist it; if he did not intend to follow it by something else, then he gave twelve grains. I do not remember ever to have put up a larger dose for him. In 1816 there was a very great amount of bilious fever in and about Louisville. I am of opinion that at this time there were physicians in the West who gave much larger doses; but I think it was in 1822 and 1823, when bilious fever, of a very aggravated character, spread very generally through the West and South, that the great impetus to the use of calomel was given. Then a dose of 20, 30, 40, and 60 grains became very generally to be *the dose*. I remember very distinctly the reflections which arose in my own mind, when I found myself giving 20 grains as an ordinary dose—frequently a drachm in the twenty-four hours. (You may, perhaps, smile when I say that I always considered myself a moderate man in the use of the article.) I thought surely such quantities must be unnecessary—must be injurious. I therefore tried other purgatives, singly and combined, but quickly had to fall back on calomel. I dare not say that my endeavor to lessen the quantity of calomel was as well directed as it might have been, but I can say that I had not the courage to carry it any farther than I did. You must not infer, however, that all the physicians in the country used calomel in this way. Something after the time above mentioned, I spent three hours, in vainly endeavoring to induce a gentleman, older than myself, who believed that calomel was injurious in bilious fever, to consent that our patient should have a dose of calomel. She did, however, take a scruple dose, with the most signal benefit. Our object was to procure, in the course of the day, from one to four evacuations from the bowels, from a half pint to a pint each, sufficiently consistent to retain some convexity in the vessel, dark bottle-green in color—entirely different from dark *spinach*-colored stools. Everybody in the country knew these as *calomel discharges*. How bad soever the patient might be, the appearance of such stools gave hopes of recovery, which were rarely disappointed.

By referring to page 560, Vol. VII., of the American Journal of Medical Sciences, you and our New England friends will find what will make some of them open their eyes. A young lady, of delicate health, took, in a week, 840 grains of calomel; 540 of them in less than three days. This, although on a large scale, was, I

am inclined to think, by no means unparalleled. I have myself known 15 grains given every three or four hours, until an ounce or more had been taken.

The cholera, in 1833, brought the matter to the climax. Then, many physicians gave one drachm after each liquid stool. They relied upon calomel and nothing else. As the "rice-water" stools were pretty frequent, you can well understand how enormous quantities would be taken in a short time. I would not like to say what the largest quantity taken was. I have seen persons who were said to have taken 1500 grains and upwards. The object was to save life upon any terms. Many recovered after taking enormous quantities, some of them apparently uninjured; others died of the effects of mercury, and others drew out a miserable life.

After 1833, the dose began again to decline to more moderate quantities. But about 1840 your New England fever made its appearance among us, which made a surprising change in the dose. In bilious fever, if the stools were liquid, a large dose of calomel was given to restrain the number and increase the consistence. In typhoid fever it would not do it. From 1841 until last winter, I do not remember to have seen a good "*calomel stool*." Calomel gave place to blue mass. This change in dose and article seems to have been effected without concert, the great majority of physicians having made the change imperceptibly to themselves.

But we have the cholera again, and again we are using decided doses of calomel. I think, however, that much less doses are given, in general, than in 1833.

It will readily be imagined how a young man, as I was when I first became acquainted with the doctrines of Broussais, and seeing the form of fever which then surrounded me, should think him any thing but a philosopher; and how he, knowing my practice, should think me a madman or a fool. So I can now understand how our New England brethren should look strangely upon practice which may be very proper under the circumstances where it is followed.

You may remember that about 1825, Dr. Cartwright, of Natchez, Miss., discovered that the best way to treat syphilis was by one-scruple doses of calomel given every three days; that Annesley, of England, made the same discovery at the same time, "so that neither was indebted to the other;" that some little time before, some East India surgeon made the same discovery, and of course was not indebted to Annesley or Cartwright. I do not doubt that each of the gentlemen did truly make the discovery, for we may discover that which is already known to others; and this discovery, or rather this practice, was pursued by Sydenham without his seeming to think there was anything novel in it. This practice I have followed on the authority of Cartwright, and I find it very much to my mind. I have cured patients without purging, saliva-

tion, or any sensible evacuation. Has any body in your city tried it? I should be glad to have it tried there.

Very respectfully,

W. L. SUTTON.

GEORGETOWN, Ky., July 18, 1849.

P. S.—I hope you will be able to read my epistle. I am quite nervous from debility. Perhaps you will say, It is no wonder when you took sixty grains of calomel a few days ago!

W. L. S.

NEW REMEDIES AND NEW TREATMENT.

BY EDWARD MATTOCKS, M. D.

The following new remedies, and new treatment of certain diseases—new to the profession, so far as I am aware of—I have tested in practice and found highly efficacious. Knowing their value I submit them.

I. *Camphentine*.—Make a saturated solution of oil of turpentine and gum camphor. Turpentine is a great solvent of camphor, requiring for a saturated solution nearly the following proportions: Oil of turpentine, 1 ounce; gum camphor, 5 drachms. For want of a better name, I call the solution camphentine; it is at least suggestive.

Uses.—1. *Externally*, as an application in affections purely nervous—very rare cases, by the way. With many of those nervous pains occurring during pregnancy, it acts like a charm. Rubbed upon the head and around the neck, it frequently cures nervous headache. 2. *Internally*, in some cases of neuralgia and rheumatism, it would undoubtedly prove highly beneficial, but as it must be a powerful medicine, I have been very cautious in its use. I have used it in two cases only, and with success, in doses of two drops on sugar. 3. In liniment.

II. *Camphentine Liniment*.—℞. Camphentine, camphorated oil, aqua ammonia, equal parts. Mix.

This liniment is, probably, unsurpassed by any for the removal of pains, inflammations, sprains, lameness, spinal affections, etc.

III. *Mullein Seeds*.—℞. Strong decoction of mullein seeds, French brandy, equal parts. Mix.

This lotion rubbed upon the spine, I thought unequalled for all spinal affections, until I got up the camphentine liniment.

IV. *Corns, Bunions, etc.*—℞. Oil of turpentine, 1 ounce; table salt, 1 tea-spoonful. Mix.

Applied to enlarged toe-joints, or to itching feet, it gives immediate relief, and its continued application soon cures. Applied to corns, it frequently relieves and often cures.

V. Inflamed Breasts.—Place upon the breast a piece of flannel wet with *hot* water, and cover it completely with oiled silk. Renew occasionally. Or, in severe cases, take a tin basin, make four *small* holes in its bottom, then invert it upon the breast; lay a wet cloth upon it covered by a dry one, and hold a flat or andiron upon it, as hot as can be borne, which drives the steam in upon the breast. Afterward use the wet flannel and oiled silk. This treatment, properly and energetically pursued, will cure every case of inflamed breast, however severe the attack may be.

The same treatment, applied to the lower part of the bowels, restores *suppressed lochia*. The same also enters largely into the true principles of treatment for inflammation of the bowels, of the bladder, of the uterus, of puerperal fever, phlegmasia dolens, etc.

VI. Hen Oil should seldom, if ever, be used internally. Used externally it is very relaxing. Rubbed upon the throat, in croup, it appears to loosen the phlegm, and frequently gives great relief. Rubbed upon the bowels, it is a powerfully preparatory parturient—too much so, if long continued.

VII. Relaxing Liniment or Preparatory Parturient.—R. Hen oil, 2 ounces; olive oil, 2 ounces; crystalized soap, pulverized, 1 drachm; borax, pulverized, half a tea-spoonful; alum, pulverized, 1 tea-spoonful; table salt, 2 tea-spoonfuls. Mix.

Keep it very warm, and agitate well for a long time till dissolved. This liniment, rubbed upon the bowels and labia pudendum two or three times a day, for two to four weeks before confinement, produces a wonderful effect, causing a very easy and quick labor, with comparatively little pain, and leaves the mother in a condition that enables her to recover remarkably quick and well; or, to use a common expression, to have a “good getting up.” Under its use labor would not ordinarily occupy a fourth of the time, and mothers would not suffer a tenth part of the pain they usually do. The only possible objection to its use, that I can conceive of, is, that frequently “the child would be born before the doctor could get there.” In those cases where it is desirable to induce labor at seven months, the free use of this liniment, for a month or six weeks previous, will contribute greatly to the desired effect, and will frequently accomplish the object unaided.

Good, also, in some cases of irritation, engorgement, and hardness of the cervix uteri.

VIII. Inflammation of the Stomach.—R. Sarsaparilla root 1 ounce; water, 6 ounces. Simmer in a covered dish to three ounces, press, strain, and add honey, 1 ounce; tr. lavend. comp., 1 drachm. Dose, tea-spoonful four or five times a day. For irritation and inflammation of the stomach, particularly in recent cases, this is sovereign, and, so far as my knowledge extends, unequalled. In severe cases, let the patient take nothing else into the stomach but *rice water*. In those cases of irritable stomach that sometimes

occur during the latter stages of pregnancy, this is an effectual remedy.

IX. *Morning Sickness*.—Much has been said in relation to, and many remedies attempted for, the “morning sickness” or periodical sickness at the stomach and vomiting that frequently occurs during the earlier stages of pregnancy. A somewhat celebrated popular lecturer, I am told, recommends to his hearers the use of champagne as a remedy! Is it the *best* remedy? And is it advisable that it should be generally used for that purpose? Without descanting upon the theory of disease, or the *modus operandi* of the remedies—for were I to do so, these articles would extend to a volume—I would merely remark that I never saw a case of this affection that the patient was not bilious; hence the remedy—*R.* Hyd. chlor. corros., half a grain every morning for two or three mornings. This is a disagreeable medicine, and the patient feels mean and disagreeable while under its influence; but it is only for two or three days, after which the patient is well. I have never known this remedy fail where the least attention was paid to diet. It is possible there might be cases where I should afterward use the stomach medicine (see VIII) or an infusion of coltsfoot.

X. *Diabetes*.—Diabetes being a disease, not of the kidney, but of the blood, whereby the blood is converted into a peculiar quality of urine, something is wanted to prevent this change of the blood, and to restore it again to its natural state. Sweet apple-tree bark possesses this power in a great degree. The following is the best combination and form of administration: *R.* Sweet apple-tree bark, 2 lbs.; wheat bran, 2 lbs.; flax-seed, 1 lb.; water, 1 gall. Mix. Boil to half a gallon; press and strain. Dose, a wine-glassful three times a day, an hour before eating.

The continued use of this medicine will, in recent attacks, cure, and in any case retard, the disease and prolong life.

XI. *Fits*.—Apply *cold* by means of a tin basin filled with cold water, covered with oiled silk and inverted upon the epigastrium.

XII. *White Maple*.—(*Acer. eriocarpum*.) *Scarlet flowering Maple*—*A. rubrum*.)

These two kinds are frequently confounded. The true white maple is but little known in New England, while the scarlet or flowering maple abounds on the borders of streams or in swamps. The bark of the trunk is gray, with large whitish spots, and is frequently called the soft maple or swamp maple. The inner bark of this kind is the substance used.

Mode of preparation. Put some of the bark, cut in small pieces, into an *earthen* dish with water, and place it near a fire where it may keep warm. It should *never* boil. When the infusion is of the color of strong green tea, it is right for use.

Use.—As an injection, it will be found one of the best remedies for all irritations, engorgements and weakness of the uterus, for

menorrhagia, for some forms of dysmenorrhœa, and for weakness after parturition. It should not, however, be used in active inflammation of the uterus, nor until about three weeks after childbirth; after which its use would prevent all those cases of weakness and uterine difficulties so frequently consequent upon child-bearing.

Method of using. Inject the warm infusion, retaining the syringe in the vagina each time for about five minutes, so as to keep the infusion in contact with the uterus if possible: throw it up three or four times at one sitting, and repeat the process at least three times a day.—*Bost. Med. and Surg. Journal.*

From the Daily Times.

DR. NEWTON TO DR. LATTA.

MR. EDITOR: *Sir*—When Dr. Latta's slanderous attack upon me appeared in his paper, the "Methodist Expositor and True Issue," a religious paper, I called upon him and asked the privilege of making my defence in the same paper; he said if I would require no more space than he had occupied in making the charges against me, that my defence should be published. But upon handing him the following article, he refused its publication, after using the most vindictive and unchristianlike language against me, and devoting the largest portion of the reading columns of his paper, not to religious matters, but to engaging in the warm and exciting contests between the doctors—refusing to publish my defence, although it does not refer to a single subject not mentioned in his charges against me and others. Will you do me the favor to publish it in the Daily Times?

To Dr. S. A. Latta, Editor of the Methodist Expositor:

SIR: Your unfair, and I must say slanderous attack upon myself and other Eclectic physicians, requires a summary notice at my hands.

You have charged me directly, and the whole body of Eclectic physicians indirectly, with disgraceful, and as you say, "*God dishonoring*" falsehood and imposture, for which you demand that we shall be expelled from our churches, and discarded as unworthy of the name of gentlemen by all respectable society.

Your charges are based entirely upon falsehood and misrepresentation. When your falsehoods are refuted, and your misrepresentations exposed, the tables will be turned, and it will be seen whether you or myself belong to "a band of deceivers of no ordinary mould," as you express it.

You charge upon all Eclectic physicians a systematic deception, when in reality there is no deception in the case but what arises

from your own falsehoods. You have not a shadow of evidence in behalf of your assertions, except what is derived from your personal accusations against myself. To meet these accusations I am compelled to give a brief narrative of the facts, to show the consistency of my course, and the propriety of my position.

I graduated in the Louisville Medical Institute in the year 1841, fully educated in the most pernicious system of *mercurial allopathy*, which has ever cursed the inhabitants of any country. My common sense revolted at many of the dogmas of my teachers who gave calomel by drachms and ounces, and I endeavored as fast as possible, when I found myself in error, to get possession of truth. As experience and reflection made me a Reformer, I progressed as fast as possible, guided by the lights of experience and research. I soon advanced so far as to discard the use of the lancet, and I am sure that I have not bled twenty patients in my life. Antimonial remedies I had almost totally discarded before I removed to this city, three years since. Calomel I never used as I had been taught, and by a gradual reform I had so far discarded the drug that when I removed to Cincinnati, three years since, I used it but seldom, and in moderate doses. Since my removal to this city, having come into contact with the veteran teachers and practitioners of the Eclectic system, and tested more fully the resources of Eclectic medicine, I have felt it my duty totally to discard the drugs which I had previously almost entirely laid aside, and to adopt with cordiality the entire principles of Eclecticism.

When the Eclectic practitioners were charged with the use of calomel in cholera, I signed, with other physicians, a certificate or refutation of the charge, showing that we had laid aside its use for several years. The language of the certificate might have been made stronger than it was in reference to the other gentlemen who signed it, if they had given separate statements, as they have laid aside mercurial remedies for many years; but as the statement was supposed to be sufficient for the occasion, it was signed by three others and by myself. In signing it, I recollect distinctly the prescription, which you have published, which was the last prescription I have ever given containing mercury. Believing, however, at that time, that this prescription was dated a little more than two years back, I signed the certificate, supposing that a gradual diminution in the use of mercurials for five or six years, terminating in a total suspension of their use for upwards of two years, would justify the language of the certificate. It now appears that I was mistaken, and that the prescription in question, of 4 five-grain doses of calomel, was dated, not two years, but one year and seven months previous to the certificate. That this was an example of "bad memory," I cheerfully admit; but when you proceed to insinuate that I have used mercurial remedies "within the last few months,

if not within the last few weeks," I pronounce the insinuation an inexcusable falsehood.

I shall now proceed to convict you of several hypocritical falsehoods; and although I do not think proper, like yourself, to call upon the Almighty Creator to sanctify a tissue of slanders, I wish it understood that I speak the language of plain and sober truth.

1. You count largely upon the credulity or ignorance of your readers, when you attempt to make them believe that the Eclectic practice is but the same as the old school practice in disguise. You may be ignorant of Eclecticism, but you cannot be quite so ignorant as that. You cannot find a jury of twelve intelligent men who would not pronounce you guilty of a wilful falsehood in this attempt to deceive the public.

2. You represent, that Eclectic practitioners give calomel and salivate their patients. Your only solitary proof is your own false assertion that this has been done by Dr. Wilson. The charge is false; and if any medical man undertakes to sustain it, he will prove himself, in that instance at least, a professional ignoramus, unable to discriminate between well-marked diseases.

3. You have a great deal to say about a certain Dr. C., whose name is not among the members of the society and signers of the certificate, and who is not regarded as belonging to the Eclectic medical profession of this city. This is a misrepresentation merely, and I do not accuse you of intentional untruth.

4. You endeavor to produce the impression that the Eclectic practitioners *secretly* resort to mercurial remedies, and that they use them in large doses. It is true that I did, twenty months since, prescribe in one instance five grain doses of calomel—not secretly, but as publicly as any prescription is given and sent to a drug store, open to the inspection of all; but there is not a single member of the Eclectic Medical Society, beside myself, who has administered any mercurial preparation, within the last five years; the majority of the members of the society have never used a single dose of any mercurial remedy in their lives, and others count a period of ten, fifteen, or twenty years of strictly non-mercurial practice.

5. You affirm that five grain doses given by myself are "*larger doses than the regular profession are in the habit of administering.*" This you know to be untrue. I have never been such a slave to authority as to give the "larger doses" which I was taught to administer, and which your allopathic brethren sanction; and since I have seen their effects and discarded their use, I regard such doses as being, in the language of Professor Chapman, "horrid, murderous and unwarrantable quackery." Mark the contrast, where you wish to insinuate that the practice is substantially the same. The President of the Eclectic Medical Society has followed a *strictly non-mercurial* practice for twenty years, and a *strictly non-mercurial* practice pursued by all Eclectics, in cholera, has

been attended by a mortality of only $4\frac{1}{2}$ per cent. On the other hand, the allopathic old school practice (which has been attended by a mortality of which I need not say a word, as the sexton's reports have told the story to the public ear,) still uses mercurial remedies in the following style. I quote verbatim a recent prescription of Dr. L., formerly President of the (old school) Medical Society of Cincinnati :

R.—Calomel 1500 grs.
Opium 75 grs.
Ipecacuanha 200 grs.
Gum Arabic and
Castile Soap, Q. S.
Make 100 Pills.—J. LAKEY.

May 14, 1849.

Professor Drake, in the Louisville Medical Journal, vol. 7, p. 471, speaking of those who graduated in the medical schools of Louisville, Philadelphia, Charleston, and Lexington, says: "One gave to the extent of a couple of ounces a day. Some of their patients had a pound avoirdupois in their stomachs at a time."

"A gentleman assured us that he, under the direction of a physician, weighed out and administered to a fever patient 1700 grains of calomel and 2400 grains of aloes.

"And a physician informed me that he had given to a patient of the same class 600 grains of a compound of equal parts of calomel, rhubarb and aloes (Cook's pills) for six successive days."

Dr. Harrison in his medical essays, pages 153-4, gives the following:

"Case 6. A. Walker, 70 grains of calomel ordered at 12 o'clock, repeated at night. Second day, one ounce of calomel and tincture of aloes; third day another ounce, and died fourth day."

"Case 7. Took two ounces in two successive days and recovered."

"Case 9. A colored girl ten years of age, took half an ounce and repeated it several times for several days—got well."

"Case 26. Took one tablespoonful the first evening; second day, then one table-spoonful every six hours for three days, when he died."

This ultra mercurial treatment was taught to all who graduated in Louisville or Lexington prior to 1843 for nearly twenty years, and has spread throughout the valley of the Mississippi.

The non-mercurial Eclectic system has erected a barrier against its ravages. To attempt to connect or identify these systems, as opposite as light and darkness, is an insult to the public intelligence, and a slander upon Eclectic physicians. We ask not to fraternize with Allopathics in their devastating system of bigotry and error. We wish it distinctly understood that we do not sympathize with them, and are not responsible for their misdeeds.

6. The results of Eclectic practice are denied or concealed by its opponents. We simply publish the facts in the newspapers, and challenge you to make a similar statement of your cases and deaths in the Allopathic practice, that the community may judge between us. Mark your honesty and justice. If we keep silent, you say the patients die in our hands—if we publish the results of practice, you say we are puffing ourselves, and deceiving the public, when you know our facts are unquestionable. Instead of meeting fairly the facts which are fatal to your case, you resort to falsehood and ridicule. You say that we claim to have lost less than 50 out of 1500 cholera patients, and another Allopathic writer says that we claim to have treated the whole 1500 successfully, when we have stated as distinctly as possible that our loss was sixty-five.

To complete your burlesque, you introduce another falsehood, saying that the Indian Doctor claims to have treated 961 patients, with no deaths. If you make yourself the official organ of the Indian and Negro physicians, you should publish their reports correctly. If you, or your Allopathic brethren will publish correct reports of your practice, I have not the slightest doubt that the most ignorant practitioner in the city, of any class, or grade, or color, will exhibit better results than the mercurial Allopathic system. These are sober facts, and you cannot laugh them out of countenance.

You cannot maintain yourself against *the solid facts* of Eclectic practice, by insulting and ridiculing men who are far your superiors in every quality of head and heart, as well as in established reputation.

7. You deny that the Eclectic Faculty have made any improvements or discoveries, and at the same time accuse them of concealing their knowledge, when you know that they are diffusing their knowledge as rapidly as possible by teaching large classes of students, and by publications in medical journals and otherwise.

As to your denial of Eclectic discoveries and contributions to the *Materia Medica*, I would merely say, that whenever any old school medical journal, of respectable circulation, shall dare to open its pages to a free discussion of these subjects, the Eclectic Faculty are ready to prove every jot and tittle of their assertions upon them; or, if you will yield the necessary space in your own columns, you shall have the evidence that the improvements in the *Materia Medica* and practice, contained in the Eclectic system of medicine, are of more real value than all the improvements recognized and adopted in the Allopathic ranks for the last fifty years.

Respectfully,

R. S. NEWTON, M.D.

Cincinnati, Sept. 3, 1849.

Part 3.---Editorial.

GROANS AND LAMENTATIONS.

Every month we observe in our Medical Journals, additional evidence and confessions of the fact that the Old Hunker profession is going down hill, and that its members are painfully conscious of their increasing unpopularity. Prof. Warren was shocked and startled in the American Medical Association, by hearing its members speak of the *unpopularity* of the profession. The inveterate Old Hunkers of the Lancet, published in this city, have declared that Cincinnati is "the very elysium of quacks," and that the condition of the old profession here in reference to these annoying encroachments is so bad that it cannot be worsted. Dr. Dawson, of Jamestown, Ohio, says in the Louisville "Journal of Medicine:"

"On all sides, the profession in Ohio, at the present time, is beset with almost every form and variety of quackery. Coming from such a diversity of sources, and keeping pace with the lights of science, yea, even outstripping almost every thing useful connected with the improvements of the age, there is good reason for the opinion that we are not yet in the worst stage of the trouble."

"The *steam* and *pepper* fever, so far as we are acquainted in the State, has about come to a *crisis*. In the distance, however, new affections, or rather complications of the old, are beginning to show themselves under the various names of "Reformed Botanical Medicine," Eclectic Medicine," "Hydrotherapy," "Homœopathy," &c.; and, from present symptoms, the most of those formerly affected with the steam and pepper disturbance, are about to take these new troubles in something like the natural way. To drop the figure, the transition from one humbug to another seems *much easier than a return to the solid substantial principles of science.*"

"There is another matter which it may not be out of place to notice. We allude to the standing of physicians at present in the estimation of the people. The time has been, it is said, when there was something dignified and venerable associated in the mind with a mere announcement of the name of a physician. Is this the case generally at the present time? May be it is. If so, we should like to see some one well skilled in diagnosis try his hand in making out what state of mind it is which has given rise to the almost

universal custom of the people, when they address a physician, of calling him "*Doc.*" Again, in speaking of the attendance of a medical man on his patients, the common phrase has come to be "*waiting on*" the patient. Thus, a very common form of expression, when any one wishes to inquire about the sick is, "*Doc, how is that patient you are waiting on?*"

The following allusion to the state of the profession in Alabama, by the Boston Medical and Surgical Journal, indicates that it is no better there than in Ohio:

"ALABAMA STATE MEDICAL ASSOCIATION.—Thos. W. Mason, M. D., gave the annual address before this Association, which is published. He laments the crowded state of the profession—but, doctor, we can't kill off the supernumeraries! "*Medicine,*" says the learned orator, "has been placed in a false position, and the office of the physician most egregiously misrepresented," and he might have added, miserably paid, too."

That these evils are not local or temporary, but are wide spread and incurable, is plainly admitted in the following article from the same Journal of July:

"PROFESSIONAL DECLINE.—On the ninth page of an introductory recently given at the Philadelphia College of Medicine, by Henry Gibbons, M. D., one of the faculty, the following sentence occurs: "Our profession has declined in public estimation within the present century, whilst it has been advancing in its claims and merits beyond all precedent. Mankind appear to have but little more respect for it now than in the days when medical science was but a jumble of superstition and empiricism, and when practitioners were banished from Rome as public pests. To make such an acknowledgment is disagreeable; but if the contemplation of the picture should lead to an effort to correct the evil, and bring about a better state of things, the confession may prove salutary." Mortifying as this declaration is to those intimately identified with this maltreated profession, it is verily true, that the most learned, morally eminent and excellent, in the ranks of medical practitioners, are not placed higher in the mind of the great public, than natural bonesetters, seventh sons, or itinerant mesmerizers. A few indeed, in all communities, appreciate a cultivated understanding, and honor talent and science; but the multitude of men and women care no more about educational qualifications, genius, or experience in a physician, than they do about the police regulations in the planet Mars. A doctor is a doctor, to them, the world over. The more he lowers himself to the vulgar level, the higher place he has in their estimation. The author of the discourse barely speaks this above a whisper, as though it were a profound secret; never-

theless it is just what everybody knows, and what a certain order of responsible, thinking people lament, *without the power of changing* so erroneous a public sentiment."

Indeed the sagacious editor seems to have realized so fully the prospects of Medical Hunkerism, that he has become quite despondent. In his March number he says, referring to Prof. Hun's lecture:

"With such unremitting efforts as have been made to raise the medical character of the country, by those who are prominent in the schools of medicine, in the production of admirable treatises, like the one to which these observations refer, it will be a sad reflection, in the end, *if empiricism becomes predominant*. Although several State Legislatures are giving their sanction to it, by chartering mongrel institutions, in which neither science nor common sense are recognized, such streams of medical literature are flowing over the land, that *hope may be indulged* of the ultimate triumph of rational principles in medicine, and the overthrow of every kind of imposition which wars against them."

The Doctor felt equally uncomfortable in March at the prospect of a charter being given to the Botanical school at Worcester, he exclaimed:

"The profession in Massachusetts, after an uninterrupted effort of forty years to educate men in the best possible manner for the practice of medicine, may now hang their heads in shame and humiliation. If the Legislature, the fountain of law, has no higher perception of what is due to the intelligence of the age, the floodgates might as well at once be opened, and allow every man to do what he chooses, without reference to the opinions or interests of any."

The following paragraph from the August number of the same Journal, indicates that some of the most distinguished of the profession feel as badly as the editor of the Journal, in reference to their unpopularity:

"A medical gentleman of Boston, whose social position and professional prospects would be regarded as enviable by most medical aspirants, has recently taken *Dr.* off his door plate, with a determination to be no longer subjected to the beck, call and caprice of the public. He has made the discovery, that high literary and scientific attainments, combined with a conscientious zeal in keeping pace with the progress of medical discovery, with a view to making one's self useful to men, women and children, when they are sick, is not at all appreciated. A blustering, low minded fellow, who has nothing to lose and every thing to gain, without a

claim to patronage on the score of exact medical knowledge, is taken into favor by the multitude, while real worth, both in character and medical skill, is neglected, if not wholly abandoned.

An opinion is prevalent, that a physician, who is a writer, must be a poor practitioner; therefore, an author, however distinguished, cannot compete with a neighbor who may not be able to write his mother tongue grammatically."

The inconvenience of a loss of public confidence has been so seriously felt that Dr. Hooker has set to work to remedy the evil:

"**RESPECT DUE THE MEDICAL PROFESSION.**—Dr. Worthington Hooker, of Norwich, Conn., addressed the Medical Society of Connecticut, at the anniversary meeting in May, upon the *respect due to the medical profession, and the reasons that it is not awarded by the community*. Dr. H. is a clear, bold and fearless writer, who does not hesitate to declare where the difficulty exists—and all admit that there is a widening gulf between the people and the regular profession. Moral excellence, combined with the highest scientific attainments, gives a physician no advantages of position worth naming, in New England. He cannot compete with a mushroom pretender to the healing art, who is engaged in the business simply because he could not succeed satisfactorily in something else. Dr. Hooker says there is too much disposition on the part of many physicians, to prefer, decidedly, a popular reputation, because it is profitable! The people are opposed to medical societies, because it is supposed that a State society contemplates the immediate benefit of the physicians."—*Bost. M. S. J.*

Indeed the tables are turning so rapidly that the old Hunkers seem almost disposed to cry out persecution themselves. Professor Drake, some two or three years since, complained in the Louisville Med. Journal that the Queen City was given up to the embraces of quackery, and that the old school gentlemen were in some instances driven to abandon the profession and resort to *agricultural pursuits*. Dr. Smith, of Boston, complains of the self-defence of which Eclectics have been guilty, as though we were perfect Ishmaelites.

Another groan may be expected from Boston, when Dr. Smith hears that the Eclectic Journal, at Syracuse, N. Y., is succeeding beyond all expectation.

The ultra and exclusive Homœopathists too have great fears of the progress of more liberal sentiments, and look to the Eclectic Professorship of Homœopathy, as the terrible Trojan Horse which is to endanger their fortified exclusiveness. The liberal Homœ-

paths on the other hand look forward cheerily to the progress of truth and free inquiry.

The ultra botanics, too, look with apprehension upon the progress of Eclecticism, which is so much more congenial to the common sense of mankind, than any exclusive system. In the last Physiologico Medical Recorder, Dr. Curtis expresses his fear that ultra-herbalism, which is now called the "*physo-medical*" system by its teachers, may decline in public opinion and be superseded by something else, as follows :

"Our labors, hitherto, have been based on the hope (almost against hope and entirely against history) that, when men were once taught the pure principles, and convinced of their purity by demonstration not to be resisted, they *would* adhere to them, through all succeeding time: but we have seen so many instances of those who had been thoroughly instructed in truth and right, turning backward to error and evil, "like the dog to his vomit," that we are convinced that "the *heart* of man is corrupt, and is fully set in him to do evil; and we have nearly concluded to abandon the effort to reform medicine, and leave the sons of ignorance and folly, to eat and drink destruction as they list.

"Call it selfishness or what you please (we are both accustomed and casehardened to bad names), we will say it, for it is true, the custom of students who profess true principles attending the Allopathic and the mongrel schools for education, and starting out in practice under the common cognomen or sign of Doctor or M. D., without designating the character of their principles or practice, is a sure indication that medical reform is destined to a fatal overthrow, and that Allopathy, with all its horrors, will yet swallow all reforms and reign again triumphant.

"Under this conviction, we have determined that, unless a large number of students of medicine attend the true physo-medical schools, for instruction, and afterward practice honestly what they learn there, we will soon abandon the business of training *men* for the profession, and go forth into the community and teach *them* (the people) how to protect themselves against the imposition and quackery of the whole profession, of every hue of principle and practice."

P. S.—We may expect to hear loud lamentations from the Allopathic citadel in Memphis, Tenn. The extensive collegiate edifice erected by the city authorities, has been taken from the old school faculty, and given to the Eclectic Faculty of the Memphis Institute! Three cheers for Memphis!—B.

MERCURY

As a metal, is the God of modern allopathic medicine. In ancient times, the mythological Mercury was the God of liars and thieves. Among the modern champions of Hunkerism, the two relations are combined, for Mercury appears to be fervently worshipped as the God *mendacity*, while at the same time Mercury rules the practice of medicine.

That Mercury as the God of liars has no small amount of Allopathic worship, may be discovered in the whole course of the controversy in this city, between Eclecticism and Hunkerism, as heretofore exposed in our pages. The Township Trustees as defenders of the Ohio Medical College, were detected last winter in flagrant falsehoods. The Western Lancet has been repeatedly detected, and lastly Dr. Latta, editor of the *Expositor*, has been not only detected but conspicuously exposed in his slanders.

The Lancet of this city has never yet retracted or modified its slanders against Dr. Beach, nor even taken any notice of the correction. Of late we have observed these stale calumnies taken up by its readers and repeated. An animated discussion between a friend of Eclecticism and a champion of Hunkerism has been going on in the New Albany (Ia.) Bulletin, in which the latter has repeated the vile story with emphasis, and comments as if it were an established fact that Dr. Beach had been detected in a gross and infamous imposition! Yet the Lancet and its editor lay claim to respectability and virtue. Among intelligent and virtuous men, no station or title can shield dishonesty or render the detected slanderer respectable. We think, therefore, that the Lancet as the organ of the Ohio Medical College, is a disgrace to the Faculty. It has started and maintains in circulation this detected calumny against Dr. Beach in reference to his cholera practice in New York, which was exposed last winter in our pages, and which is plainly refuted by documents which have long been published. The National Medical association is disgraced by the calumnies of its President Dr. Stevens against Dr. Beach, and we are determined not to let this matter rest until the brand of falsehood is indelibly fixed upon these dishonorable assailants.

To an impartial spectator it would be no slight evidence of the entire rottenness of the allopathic cause to find it so generally de-

fended by falsehood and scurrility. The attack of Dr. Latta (its most recent champion) upon Eclecticism, has been exposed by Dr. Newton. His attack upon Homœopathy proves equally false. He gave in his paper the names of nine patients who had died under the treatment of Pulte and Ehrmann. These cases have been examined by the Homœopathic Society. They prove to be rather remarkable examples of lying. One of the patients had not been seen at all by Dr's P. and E. during life—in another instance they had not even entered the street on which the patient resided, and in another instance the patient with whose death they were charged is still living !!

In the last No. of the *Lancet*, the editor endeavors to rebut the Eclectic statistics in the following fashion. He says "The truth is, the regular members of the profession have more than sustained themselves. If they would adopt the same mode of computation as that described above, their losses would not reach one per cent. instead of 4.32, which is the rate assumed by the botanics." That Dr. Lawson should continue to use the term "Botanics," in reference to the Eclectic practitioners, when he understands very well the distinct existence of the Eclectic and Botanic parties, exhibits a great deficiency in the sense of honor, and a determination to persist as heretofore in attempting to deceive his readers upon that subject.

His assertion that the members of the old school profession have more than sustained themselves, looks rather strange alongside of their own reports, which admit a loss of twenty six per cent. even in May, when the epidemic was in its mildest form. As to their losses by cholera not exceeding one per cent., we are amazed at the impudence of the assertion. There have been upwards of 4000 deaths by cholera in this city under old school treatment; if these losses were as Dr. Lawson affirms, only one per cent. of the number of cases, they must have treated about four hundred thousand cases of cholera, in a population not exceeding one hundred thousand persons !!

Do we need any further evidence of the utter mendacity of the *Lancet*—the organ of the Ohio Medical College—the esteemed representative of the interests and views of the old Hunkers of medicine.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

OCTOBER, 1849.

[No. 10.]

Part 1.---Original Communications.

ECLECTIC MEDICAL SOCIETY—TREATMENT OF CHOLERA.

At a special meeting of the Eclectic Medical Society held on Monday evening, September 17, for the purpose of discussing the treatment of Cholera, the following remarks were made by the members, which have been reported by the Secretary, Dr. E. A. Lodge, for the Eclectic Journal.

Dr. Morrow remarked that his views of the nature of the disease had not been modified since the commencement of the Epidemic. He still considered that there was some local cause of irritation existing in the alimentary tract; he thought that there was some specific cause of irritation, the precise nature of which was not fully understood; he supposed however, from the efficacy of alkalies in the treatment, that it was of an acid character. He would not say that all the irritation depended upon an acid poison; but believed that there were other influences tending to determine the fluids internally in addition to the local cause of irritation; that the morbid impressions were owing to the joint agency of the general influence of the disease on the whole system, and the local independent cause.

Dr. Morrow further remarked, that whatever might be the primary cause of the disease, the first effect appeared to be the formation of an acid. In Cholera Morbus there was an abundance of acid, and hence that disease has been attributed to the presence of the acid. In Asiatic Cholera we have great indisposition to action, stupor, indifference and carelessness about life, utter prostration of the vital energies, and other symptoms shewing that the brain,

and nervous system, are implicated in the disease. Alkalies have acquired an established reputation in the treatment of Cholera. Dr. Jordan, late Physician to the Cholera Hospital used weak ley abundantly. One of his prescriptions was tincture of prickly ash berries and weak ley, which preparation it was believed he used very advantageously.

In regard to the *treatment*, he considered the most prominent indication to be the production of an equilibrium in the circulation and excitability. This, beyond all question, was the most important and urgent indication to be fulfilled, and the most successful results followed its production. To fulfil this, he had found no other single preparation to have a better influence, in most cases, than the compound tr. guaiac, prepared by adding gm. guaiacum, cinnamon and cloves, of each pulverized one ounce to a quart of best brandy, and given in doses of from a tea-spoonful to a table-spoonful in hot sweetened water and brandy every 15 or 20 minutes until relieved. This has been found to be an excellent stimulant and astringent, closing the mouths of the absorbents, and checking the discharges. In a few instances this preparation did not appear to answer, but as a general remedy he considered it the most useful he was acquainted with. In some cases where excessive nausea was the most prominent symptom, he had found it advisable to commence the treatment by giving an *emetic*; the operation of the emetic relieved the gastric irritability, equalized the circulation and checked the spasms. As an emetic he preferred the Acetous tincture of lobelia and sanguinaria, with the addition of one-third spiritous tr. aralia spinosa. This was given in doses of a tea-spoonful to a table-spoonful every ten minutes in warm catnip tea sweetened. In urgent cases it was given in very large doses and frequently repeated.

The saturated tr. prickly ash berries (*Xanthoxylum frax. bac.*) had been used with great benefit,—he had found it an excellent and prompt remedy. When given in the early stages it would frequently relieve in from 10 to 20 minutes. He had used it in doses of from two to three table-spoonfuls. In cases of severe spasms, vomiting, prostration and profuse rice water discharges, he had given half a tumbler full at a dose with benefit. Of late he had used the tr. Xanthox. frax. bac. and the neutralizing extract as prepared by Mr. Merrell, equal parts of each, and had found this combination prompt and efficient. In the earlier stages of the disease, would consider it a most suitable medicine. Bottles of hot water, hot bricks, &c., were used, and if much pain or spasm, extensive sinapisms. In the advanced periods he had found it necessary to produce full, free and copious perspiration, which would relieve in a majority of cases, say 19 out of 20. He thought that those who lost sight of the necessity of producing this determination to the surface, would fail in obtaining the successful results attending the

practice of those who regarded it as the most important indication to be fulfilled in the treatment.

In cases of partial collapse, when the patients were suffering from severe spasms, he had found *Hunn's Antispasmodic* mixture an excellent remedy. It is prepared by dissolving one ounce each of the oils of cajeput, cloves, peppermint, and anise, in two ounces of alcohol. He had given this preparation in doses of from one to two table-spoonfuls, in hot brandy and water sweetened, every ten minutes, in cases of violent spasm, with great advantage. He considered it peculiarly applicable to such cases, but found that it did not succeed so well where there was great irritability in the stomach.

The *Hot Blankets*, notwithstanding the foolish notions of some who regard their use as barbarous and improper, had been employed frequently with the most decided beneficial effect. In one case the patient was supposed to be dead,—he used the blankets wrung out of scalding water, and she recovered, so that he got the credit of restoring one from the dead !

Camphor was used beneficially in many cases. Dr. M. had succeeded in restoring patients who were pulseless by use of camphor water prepared by adding one drachm of camphorated spirits to half a pint of cold water. This was given in doses of a tea-spoonful every three or four minutes. The external applications were always well attended to during the time of administering the camphor.

Dr. King stated that he had used the following preparation very extensively in the treatment of Cholera. It had also been prescribed frequently by other Eclectic practitioners with advantage in Cholera and Dysentery.

R. Ox Gall 3j
Capsicum
Gm. Guaiac à à ʒiv
Leptandrin ʒiv

This was given in doses of one grain and repeated two or three times a day. He had also succeeded in many cases with a mixture composed as follows :

R. Sulphur subl. gr. iv
Gm. Guaiac gr. ij
Charcoal gr. ij
Camphor gr. j
Opium gr. ss.

Dose, one to ten grains repeated every ten minutes until relief is obtained. In some cases this compound did not appear to exert any beneficial influence.

He had used the spirit vapor bath in two cases : free perspiration was produced and the patients experienced a great desire to sleep.

Brandy and aromatics were administered, and the patients both recovered.

In cases of excessive irritability of the stomach, oatmeal cake coffee was given for the purpose of allaying, and it answered the purpose admirably.

The saturated tr. prickly ash berries combined with tr. opium was used in some cases as an injection, with very good effect.

R. Saturated tr. Xanthox. frax. bac. 3ss.

Water 3j

Tr. Opium gtt. x x

Used as an injection after every discharge. Sinapisms over the bowels and spine as well as bottles of hot water, hot bricks, &c., were used with benefit. The preparation, made by adding one tea-spoonful fine black pepper, one tea-spoonful fine table salt and five tea-spoonfuls vinegar to half a tumbler full of hot water, was used in the case of a young lady who was menstruating at the time. The injection above referred to was also used, and she was relieved. This was also found beneficial in those cases, attended with stupor from the commencement of the disease, and in which cases he always found opium inadmissible.

He had also found Hunn's Colic Drops of almost universal benefit in spasms, pain, &c. In the incipient stage of the disease, in a number of patients, a mixture composed of elixir vitriol, one ounce, tinct. xanthox. bacc. two ounces, ess. lemon, one drachm in dose of a tea-spoonful in a gill of sweetened cold water, and repeated every two or three hours, removed the symptoms speedily, without any other treatment. In the more advanced stages he would not rely on it.

Dr. Newton observed that as to the general application of remedies, there was but little difference in his practice from other Eclectics, but he might hold different views as to the cause of the disease. He did not doubt but that there was present a redundancy of acid; but thought this to be rather an effect than the cause of the disease; he believed that the cause acted primarily on the nervous system, that its influence passed through the circulation, causing a weakened action of the parts, relaxation and consequent escape of the serum. He had observed symptoms similar in cholera patients to those exhibited in diseases where the remote cause acted on the brain or nerves, the same drowsiness, numbness and soreness throughout the system. The symptoms were allied to those produced by opium or some other narcotic stimulant; the patients were very generally careless about death and had little or no apprehension of dying. Such mental derangement as this was not produced by a cause acting directly on the alimentary canal. Narcotic stimulants should therefore be avoided in the treatment, they had a direct tendency to increase the difficulty; hence the fatality of the Opium practice in Cholera.

Dr. N. tested the treatment of Dr. Hawthorne to the full extent at the commencement of the epidemic. He gave one man 10 grains of opium, 3 pints of brandy, and Dr. Hawthorne's stimulating mixture. The external applications recommended were also used as well as some other powerful stimulants and astringents, but the man died. This patient had had rice water discharges four hours before he was prescribed for. He succeeded in getting up reaction at one time, but the opium produced a narcotic influence subsequently, and he could neither keep up the circulation or perspiration. Dr. N. adopted about the same course in the treatment of another case, and he recovered.

He, Dr. N., had used a preparation composed of equal parts,—tannin, capsicum, camphor and kino, with considerable success; he gave it in doses of one grain of each of the articles, repeated at short intervals until the discharges were checked.

He considered the saturated tincture prickly ash berries (*tr. Xanthox. frax. bac.*) the most valuable of all the remedies for Cholera he had tested. When the stomach would not retain it he gave it as an injection. It had a peculiar influence on the system, and having taken the remedy he could speak from experience of its effects. When given as an injection the effect produced was almost instantaneous; the sensation was as if he had received an electric shock, its use was very soon followed by copious perspiration. He had more confidence in this than any other one remedy he was acquainted with.

Dr. N. further stated that he had treated one man who died without vomiting or purging. The patient was working on a boat; in the afternoon he felt a little sick; at 4 o'clock he had two operations, no pain, the discharges were of a natural appearance; in the night he was feverish and restless; at 4 o'clock in the morning he experienced a little nausea; at 9 o'clock he was in a collapsed condition, pulseless, eyes sunken, and he appeared to be as much wasted as if he had had copious discharges from his bowels. He tried in vain to raise his pulse or produce perspiration, and the patient died that night at 9 o'clock.

Dr. Wright remarked that he had been more successful in the treatment of cholera towards the close of the epidemic than he was previously. He was not aware, when he commenced treating the disease, of the importance of removing morbid accumulations from the stomach. He afterwards used emetics more frequently and with great success. He also used the Neutralizing Extract, saturated *tr. Xanthox. frax. bac.*, and the compound *tr. guaiac.* He succeeded best with a mixture of equal parts tinct. prickly ash berries and Neutralizing Extract. He had always found it necessary to attend strictly to the surface. The best external application he found was equal parts of capsicum, salt and mustard. In the spasmodic stage he used Thompson's 3rd preparation of lobelia with

advantage. He used injections of neutralizing cordial, tinct. opium, and tinct. prickly ash berries. He was fully convinced of the necessity of getting up a copious perspiration. In typhoid cases he pursued an entirely different course. In these cases he first gave stimulants, and failed. He afterwards used mucilage of gum arabic, ice and ice water; he applied externally cloths dipped in ice water and with these applications succeeded in bringing about reaction after failing with ordinary hot applications. Dr. W. also remarked that many cholera cases presented symptoms similar to those described in Wood's practice, as belonging to pernicious fever.

Dr. Chase stated that the general outlines of the treatment he had pursued resembled that of other Eclectic practitioners. In the early periods of the disease he had used the Leptandrin, combined with Neutralizing Extract very successfully. He thinks opium can be dispensed with in the treatment of cholera altogether. He employed Leptandrin very generally in mild cases—he gave two to three grains dissolved in camphorated spirits or alcohol, and then triturated with sugar, and given once in six hours.

Dr. Hunt stated that his experience was in the main the same as that of those who had preceded him, especially was he impressed with the importance of emetics in all cases where there was any evidence of morbid accumulations in the stomach or bowels, and the patients not too much prostrated to forbid their use. He had commenced their administration in the treatment of cholera upon its first appearance, and continued to employ them until its subsidence, and always with the happiest effect. A good thorough emetic seemed to change the whole features of the case, removing all the unfavorable symptoms and placing the patient in a state of rapid convalescence; he used the emetic spoken of by Dr. Morrow, composed of acetous emetic, 3 parts tr. aralia or tr. xanthox 1 part. He was accustomed in the commencement of its administration to immerse the feet in water as hot as the patient could possibly bear, the temperature being maintained by the constant addition of more hot water. With this and the use of bottles filled with boiling water, and sinapisms, he succeeded in allaying the irritability of the stomach, removing the cramps, checking the discharges, and producing free healthy perspiration, which was afterwards maintained for 8 or 10 hours by using a warm tea of neutralizing mixture and guaiac compound alternately about every 20 minutes, or tr. xanthoxylon, sudorific tr., Hunn's preparation or tr. camphor, as he thought most applicable. Afterwards he directed the patient to be washed off with hot salt and water or weak ley and spirits, the wet clothing to be removed, the patient to be kept warm and comfortable, and the use of diuretics and mild tonics. He had found the use of tonics an important part of the treatment; their use frequently preventing relapse. He had found much benefit result

from the use of tinct. camphor in allaying extreme irritability of the stomach, removing nervous depression and promoting perspiration. When there was great irritability of stomach, no evidence of morbid accumulation and a sense of sinking or weight and oppression about the heart, he used with advantage compound spirits of lavender, tincture camphor à à one ounce, Hoffman's Anodyne half an ounce; dose half to a tea-spoonful every 15 or 30 minutes in warm tea.

He would also commend to the attention of his professional brethren, the *Plantage major*, (common waterplantain,) he obtained a small portion of the extract from Dr. Jones, and for the purpose of ascertaining as accurately as possible its properties, had used it alone, and seemingly with benefit. Did not know whether a more extended use would justify the same conclusion; but from its action in those cases where he had exhibited it, would judge it to be anti-emetic, anodyne, and anti-spasmodic, and beneficial in checking diarrhœa. In extreme cases, he used hot blankets or ice bath, and has seen patients relieved by them when it seemed hoping against hope to suppose they might recover.

Dr. Lodge stated that his treatment of cholera closely corresponded with that of Professor Morrow. He would, however, give a brief account of some remedies, the efficacy of which he had tested. He had used the Compound Tinct. Guaiac, the neutralizing extract, and the saturated Tinct. of Prickly ash berries, (*Tr. Xanth. frax. bac.*) in several cases separately; but afterwards prescribed a mixture composed of equal parts of each of these articles. This compound he used in doses of from a tea spoonful to a table spoonful, repeated every quarter or half hour. In some instances, small portions of Sudorific Tincture and Compound Syrup of Hæmatoxylon, were added with advantage. These articles, given alone or in combination, were generally efficient to check an ordinary diarrhœa. In cases of dysenteric diarrhœa, he had used Leptandrin, combined with the neutralizing extract, 6 grains of Leptandrin, ground up, with one drachm of loaf sugar, and added to four ounces of the extract, had been found sufficient to relieve a majority of cases.

He had used the emetic referred to by Dr. Morrow, very frequently. Many cases were relieved in an hour or two, by an emetic followed by some stimulant to keep up the perspiration produced by emesis, which it is believed might not have terminated favorably, had the emetic been omitted.

Dr. L. made use of an aromatic plaster, composed of the ingredients of the Compound Tinct. Guaiac, to relieve the irritability of the stomach. This would very frequently succeed—when it did not, the emetic was given, the operation of which seldom, if ever, failed to check all nausea and sickness of stomach.

Dr. L. had used camphor quite extensively in the treatment of cholera, and was inclined to regard it, when given in minute doses, as one the most valuable diffusive stimulants in the *materia medica*. He used the saturated tincture usually in doses of about one drop a minute until free perspiration was produced. It was given dropped upon sugar, or mixed in plain or sweetened water. Having heard of the success attending the use of camphor in the hands of Homœopaths, he was induced to test its virtues, and to exhibit it alone in cases where no other medicine had been taken by the patients. He administered it in the dose mentioned, to Mrs. G., who had been troubled with looseness of the bowels for about 24 hours before taking the camphor. She complained of nausea, great distress at her stomach, slight twitching of the muscles, &c. The discharges were large, watery, and very frequent. In one hour after taking the camphor, she was in a profuse perspiration, and felt perfectly easy. She had no discharge from her bowels for three days after, when she took a purgative. In another day she was out to meeting, perfectly well.

The camphor treatment was used also in the case of Miss S. She had been very unhealthy for some time before the attack of cholera she was laboring under, when Dr. L. was called in to see her. She had diarrhoea, nausea, slight cramps, and was much prostrated. The camphor relieved her in one night; the next day she took the neutralizing mixture, and the third day was well. She has enjoyed better health since, than she had before for some years. He had used the camphor in some eight cases of mild cholera, with the same good results following its administration. He also administered camphor in connection with ice and ice water, in some collapsed cases, which resulted favorably.

He had used the compound referred to by his friend, Dr. King, composed of sulphur, guaiac, charcoal, camphor and opium, in several cases, but did not succeed as well with it as with camphor alone, and did not believe it was to be depended upon as much.

Where his patients were suffering from violent spasms, he used injections of an infusion of common tobacco with benefit. He would sooner, however, rely upon Hunn's preparation as an anti-spasmodic, given by the mouth, in large doses, and also as an injection. The first case of cholera that he treated was that of an old woman, aged 75, who was troubled with the most severe spasms of the arms, hands and lower extremities. She was relieved by large sinapisms, prepared by sprinkling lobelia seed, pulverized, over the mustard. She was not nauseated at all at any time during the progress of the disease.

Dr. J. Milot stated that along with the various remedies that have been spoken of by Dr. Morrow and others, he had used to a very good advantage, dry cups placed along the spine, where there

was a great deal of internal congestion, as well as a great determination of the blood to the head.

Dr. Buchanan had relied upon the Tincture of Xanthoxylon and Compound tincture Guaiacum in equal parts, with a small portion of the sudorific tincture, and tincture of kino. He was pleased to observe so great a coincidence of sentiments among Eclectic practitioners, in regard to the treatment of the disease. He wished to call the attention of the members to the question, as to what extent evacuations should be attempted. The liver was commonly supposed to be involved, and old school physicians were in the habit of giving large doses of calomel to their patients, and when they had brought away dark or bilious evacuations, thought that they had accomplished an important part of the treatment. Yet the subject had been discussed in the society, and not a word had yet been said about evacuation by any one of the class of physicians who had been most successful in the treatment of the disease. This proved that the notion of evacuations was a tremendous humbug. Dr. B. thought, however, that the old doctrine was not entirely destitute of truth, that there might be necessity for purgation in some cases. He believed that some of our practitioners were in the habit of giving an efficient cholagogue after reaction had been produced; others did not deem it important. He would consider a mild cholagogue, such as Leptandrin, desirable in a majority of cases, after efficient reaction was obtained. The kidneys were often more involved than the liver, and he believed that much of the efficacy of the alkaline treatment of cholera depended upon the diuretic properties of the alkalies employed. He thought that the cholera remedies used should combine stimulant, diaphoretic, diuretic, and cholagogue properties. These might be found in a great variety of remedies which might be successfully used. The neutralizing mixture used so abundantly, was gently laxative. In a large number of slight attacks, a mild aperient, or even a mild cathartic, might remove the disease, but where a decided cholera epidemic existed, the most powerful stimulants would be required. There were several valuable remedies which had not been mentioned this evening. *Turpentine* was important in cholera as an internal as well as an external remedy; it was valuable in bowel complaints generally. He regretted that its value had not been more thoroughly tested. The simple prescription, pepper, salt and vinegar, had been fairly tested, and might be regarded as an efficient, prompt and excellent remedy. It is an agreeable medicine to the patient; it is similar to his every day diet, and its use appears to restore the stomach and bowels to a natural action; it checks the nausea and vomiting, as well as the purging, most effectually.

Dr. B. referred to the fact that cold applications appeared to succeed better than warm in many cases; he thought we should have some distinct idea or principle to regulate their use. In cases

where the patients sunk rapidly under use of warm applications, cold was applied, and they revived. Stimulants and external heat were used in the case of our deceased friend Dr. Parker, without any benefit; they did not appear to rouse him, but cold applications did. Dr. P. had lived very temperately, indeed too abstemiously, and it appeared that his system had obtained such a tone, it would not bear stimulants. Stimulants to excess became sedatives to the feeble and debilitated, and he supposed that patients destitute of any considerable amount of vital power, would be injured by ordinary stimulants in large doses, and benefitted by cold applications. The use of chloroform had been recommended in cholera, and he wished to know what experience the members had had in its use.

Dr. Newton further remarked that he would consider the ordinary reliance upon cathartics in cholera, truly a humbug. After reaction he might use a slight laxative, as neutralizing cordial and anti-bilious physic; when reaction had been established, he would not fear a cathartic. He had treated one case where the disease had been reproduced four times, and was not fully relieved until after use of a cathartic. The cases requiring laxatives he should suppose were rare, as he had given them in but three cases.

Dr. Morrow stated that in the early part of the epidemic he did not give any cathartic worth speaking of. In the last ten cases of cholera he treated, he gave evacuates, and they operated well. As far, however, as his experience had gone, he was not convinced of the necessity of using them to any extent. Since the subsidence of the epidemic, he had used very large doses of active cathartics in dysentery, &c., with signal advantage. He had met with some cases that would not bear stimulation, they were persons of weak constitution, who had lived poorly. Where there had been much irritability of stomach, he found the use of ice water, in small quantities, advantageous.

Dr. Chase mentioned that he had met with cases of cholera in persons who were suffering from mercurial salivation, the statements of certain medical men that salivation was a preventive, notwithstanding.

Dr. Newton informed the meeting that he had used chloroform in one case which terminated fatally, and in three which survived. He could not rely upon it or recommend it; it never arrested the discharges, but acted as a gentle stimulus, increasing the circulation.

Dr. Wright used the chloroform in the case of a boy, the only surviving member of a large family who died of cholera. The boy was thought to be dead, he was cold and pulseless. After inhaling the chloroform a short time, and taking a tea-spoonful, he had several muscular contractions, his eyes rolled, the pupils dilated; he became maniacal, and was sent to the hospital, where he remained some time. He is now going about nearly well.

A SEVERE BURN SUCCESSFULLY TREATED.

Messrs. Editors :

I have taken the liberty of requesting the publication of a case, which may interest some of your numerous readers; and may be considered as another evidence of the excellence of the Eclectic Reform Practice. The subject of the case was a negro boy of about 14 years of age, the slave of W. W. Tucker, Esq., of Florida. This boy was brought into Key West on board of a vessel from sea, where he had received a severe scald, occasioned by the bursting of a tea kettle in which coffee was being boiled for the morning beverage of the ship's crew. At the time the explosion took place, the unfortunate victim was in a stooping attitude, almost directly over the ill-fated kettle, the spout of which being completely obstructed, and the lid firmly secured to the top of the kettle, our second Fulton commenced an experiment which was soon to decide the destiny, or at least the power of steam. And at the moment when he was about to discover that his experiment was about to be crowned with success, he received a puff of steam, together with a large supply of the boiling coffee upon the face, neck, breast and arms, the surface of which became deeply scalded—literally cooked.

I was called to the case immediately on the arrival of the vessel in port, which was on the evening of the 14th of August, the unfortunate circumstance having taken place on the 12th, about 5 o'clock in the morning, making three days from the time the accident occurred until I saw him, in which time nothing having been done for his relief, his sufferings were terrible. Large masses of the skin and flesh were hanging from the wounds, which had approximated very near to a state of *gangrene*. I found that all the internal surfaces of the system were under a high state of inflammatory excitement, with a hot skin, and obstinate constipation of the bowels. The pulse was feeble, and beat at about 120 to the minute.

TREATMENT.—The general treatment in this case was not materially different from the ordinary Eclectic mode in similar fevers of a typhoid type, the external surface of the body being frequently sponged with soft, tepid water, which with the operation of an emetic, soon reduced the inflammatory condition of the system. The anti-bilious physic was then administered as a cathartic, which, with alterative doses of Leptandrin, administered three times a day, prevented any engorgement of the liver and intestines. These evacuations were assisted by the free use of sudorific drinks, with a repetition of the emetic on the third day; I considered my patient then convalescent from general morbid derangement.

TREATMENT OF THE WOUNDS.—After the loose, or sloughing portions of the skin and muscle were removed, and the wounds well

cleansed with castile soap and water, they were immediately covered with plasters well spread with the Yellow Salve and Stramonium ointment à à, over which, linen bandages, which had been previously saturated with cold water, were applied and often renewed; the refrigerating effect of which, assisted in preventing the return of inflammation. The plasters were renewed three times a day, for the first three days; the remainder of the time only twice a day. Under this process, the ulcers upon the face, neck, breast, and right arm were perfectly healed in six days, and on the seventh, the treatment to them was discontinued. The left arm however, being more deeply scalded than the other parts, and to such an extent that the deep sloughing of the muscular fibre had nearly laid bare the main artery as well as the tendons of the inner portion of the arm, it became evident that a more rigid course was necessary to save the limb. The whole ulcer at this time presented a general mass of fungus. Dry dressings were now resorted to, viz: Myrica Cerifera, Pulv., and common soot, à à, with which the ulcer was completely filled, and a repetition of the wet bandage made over the whole surface of the limb—the powder being applied twice each day, and the bandage continued—under this modification of the treatment the proud flesh entirely disappeared within about two days and nights, when the wound assumed a healthy condition. The powders were then dismissed for the substitution of the following wash:

R Sulph. Quinine, gr. xlvjjj,
 Aq. Distilla, 3vj.
 Mix with a few drops of Sulph. acid.

With this simple solution of quinine, the ulcer was washed three times a day, and immediately covered with raw, dry cotton, for dressing, when at the full extent of the fourth day, the arm was perfectly sound, and further treatment was unnecessary.

I have been in the practice of using the simple solution of quinine for an application to ulcers of all kinds; but have never known more happy effects resulting from its use than in the above case—in fact, the rapidity with which the ulcer healed under its use was astonishing. I have long been acquainted with the great virtues of Quinine in the treatment of ulcers; but have never, except in one or two instances, made the fact known to others. I am aware that its peculiar and superior virtues are not appreciated by the Faculty generally. To all who are not aware of its general indication in the treatment of ulcers and tumors, but more particularly in ulcers, I would say, give it a fair trial, which is the only true test of its worth.

S. H. WITHAM, M. D.

KEY WEST, Sept. 4th, 1849.

ECLECTICISM IN INDIANA—LETTER FROM DR. COWDREY.

LAFAYETTE, Ind., Sept. 4, 1849.

T. V. Morrow, M. D.

DEAR SIR.—Striving for the promotion of generous principles and thought in medical science, as you and your colleagues have done, I suppose this communication may not be altogether uninteresting, as it adds another proof to the multitude already given, of the triumph of liberal views.

Every day's experience establishes more firmly the basis, as well as the friends of medical reform; while the timbers of the temple erected to *Hydrargyrum* show more clearly their rottenness. I mention the following facts for the purpose of lending an encouraging voice to you and others while engaged in this work of toil, self-denial, and benevolence. Your friends are *not all* within the bounds of your city; there are Aarons and Hurs abroad, who watch with anxious delight every stroke you make in favor of truth, and will stay your hands till your sun has set, that the Amalekites prevail not. And these Aarons shall minister to the people, when you (like Moses) have ascended the *mount*.

We have just passed through as severe a scourge from cholera as that which has visited Cincinnati. The census of our town would not fall short of 4,300, but during the epidemic, it was diminished to about 3,300. Out of this number 242 have died from July 1, '49, to September, '49, 164 deaths by cholera, and 78 from cholera infantum, dysentery, (flux,) etc. (This is as correct as can be ascertained from reports made by the superintendent of grave-yards, cemetery, and alms house, &c.) We are precisely in the same fix with yourselves, as to the difficulty of estimating the ratio of deaths from cases treated, except from five Allopaths who acted as a Board of Health, and from June 23 to July 13, made five reports, in all 32 cases of cholera, and 13 deaths. These, as far as I can learn, were Allopathic patients. Here, then, we have in the very commencement of the disease, (which was mild compared to that when the Board ceased to report) a mortality of more than two out of every FIVE. What man is there who would not grow pale at the thought of cholera, when his physician is obliged to render such a report as this? Such need not be the mortality if met by a rational treatment, as has been proved here as well as in many other places. But treated as it has been here, with the "regular" administration of "regular" poison in "regular" doses, what are we to expect but "regular" deaths in the "regular" way.

The amount of it is just this. *Hydrargyrum cum creta* &c., has had to enter the throat of nearly every patient. Not only for

cholera, but in the simplest form of diarrhœa, Dr. Cartwright's has been introduced to the sufferer as *the* reputed panacea. And, even now to witness the enervated forms, broken constitution, and mercurial pestilential breath of quackery, is enough to convince the most stubborn that there is need not only of reform in Therapeutics (as generally practiced) but that the remedies used have done more mischief than the original disease could have done, if left alone, or that over one third who have died, were killed by the treatment.

We have 26 or 28 practitioners. From 18 to 20 Allopaths, 2 or 4 Reformed Thomsonians, 2 *Primitives* (steamers,) 1 Homœopathist, and 1 or 2 Eclectics, and many of them are men of talent and genius and refined feeling, worthy of a better system of practice. Every one has stood manfully to his post, not one has flinched from the fearful combat, but fought, each in his place, with weapons of their own choice, from 16 to 24 hours per day, and in the honesty of their souls, each strove to rid their friends from the grasp of death, and gain for themselves the name of conqueror. As to the success of the Eclectic practice here, I can only give you the result of my own, and let these facts speak for themselves. There are many interesting things which I would like to mention connected with the plan of treatment, &c., during this epidemic; but my time and your patience are wanting; it is enough to say that it was purely Eclectic, and after the general plan pursued by the Eclectic schools.

During the months of July and August, I treated *seventy-three* cases of cholera; out of this number *two died*. One was a female, Mrs. D., who was given up as a hopeless case by an Allopath before I arrived. In fifteen minutes I stopped the vomiting and purging, restored general warmth, and once a feeble but flickering pulse. She aroused from her comatose state, but nature was already too far exhausted to be fully resuscitated.

The other one who died was a man of rather feeble constitution, who had just recovered from a severe attack, and by his own imprudence was taken with a relapse, very severe, at 6 P. M., and did not send for me until five or six hours after. I found him in a fully collapsed state, without pulse, &c. He died in a short time after. Previous to the first attack, he had a chronic diarrhœa for more than six weeks, and had used but little medicine to arrest it, &c. This is the only case which I have lost of cholera where I was the first to attend. As to the other one I mentioned, I have good reason to believe that the application of proper remedies one hour sooner would have restored her to health. Owing to severe sickness in my own family, and being deprived of help, I have not been able to attend to business as I otherwise would. But *during the last two months* I have issued *over 400 prescriptions*, and since the 1st of January, have had all I could well attend to. Yet I

challenge any one to mention over seven cases which have died from any disease within the last eight months, *to whom I have given or issued the least medicine*, while I am ready to prove that five out of this number were regarded as past help, either by friends or other physicians, before I gave medicine.

It has been hinted by some that I must have had but few hard cases to treat. This certainly is a quibble which none but a fool or punster would make. Who does not know that the majority will not, at first, apply to any but an Allopath, and as the last resort, rather than die, they are willing to try a Thomsonian or Eclectic, or some other ignoble. And, do we act as many of the Old School have? No! Let them come; we will not say "I wish not to take any case that has been handled by a Quack." As to myself, I know of no case that I have refused to prescribe for, if it were possible; and never have I declined treating one because others had done so before me, or because the disease was intractable.

I rejoice that I commenced the practice of medicine a whole souled Eclectic. When I first established myself in this place (some three or four years since) and hung out my *shingle* as an Eclectic, many a sneering lip was curled, and, as usual, many a contemptuous remark was made of the system and its representative, by those who were ignorant of both, but who stood in their own estimation as the personification of medical wisdom and skill. The struggle here has been hard for many reasons, aside from prejudices imbibed under the long reign of "Hunkerism." There was much rubbish to be removed, thrown in the way by ignorant Steam Doctors and Root Peddlers, until the community loathed the sight.

The principles upon which we practice had first to be taught before a living could be made. This opposition has long since ceased. Very many who at first were bitter opposers now look to the Eclectic system as the only safe and rational relief in disease which man can offer, and this number is daily increasing. The tables are fast turning, and a position now gained never to be lost so long as there remains a judicious Eclectic here. I might cite many instances of the effect of the reformed practice over the prevailing one. Let one suffice. Dr. R., an Allopathist of good standing and practice, had a case in his own family (an only daughter) of Cholera Infantum, which had exhausted his skill and some others who were counselled. He finally called on me, I treated the case and the child recovered. This opened his eyes to see new truths, and finally he was led to embrace with all his heart the Eclectic system. This occurred about 20 months since. Knowing that the anathemas of his former medical brethren would constantly follow him if he remained here, he concluded to remove, and is now practicing on the Eclectic system and rejoices in the change. There are many interesting things connected with this

case which I do not feel at liberty to make public, but which show under what absolute fear the old school rest, as to the opinions of their brethren respecting medical orthodoxy and heresy. An execration from the sacerdotal chair of Rome cannot be regarded with more timorousness, than do most of the disciples of Allopathy the mandatory curses of its Apostles and Teachers.

This town is one of as much importance as any in the Wabash valley. Its rapid growth, lovely, improved, and rich country, and facilities for every kind of business, will soon render it one of the largest cities in the State. It already commands an influence not to be disregarded. We want as much as any thing, more Eclectics; men of the best disciplined minds and clear heads. Can you not send us three or four of this sort who are willing to sacrifice for a short time their reputation and ease? Such would soon reap a full reward.

Our cause is a righteous one and our system the true one; but we should remember that these cannot of themselves ensure success. The blade may be of the purest steel, and the hilt firmly set; but if wielded by a clumsy or ignorant hand, the enemy may, if he be skilful, disarm us, with a far weaker weapon than that which we possess.

I ask pardon for forcing upon you this tedious scroll, but remember me as a warm and sincere friend, and I shall remain

Yours truly,

JAMES S. COWDREY.

LETTER FROM ILLINOIS—EXTRACT.

“*Dr. J. R. Buchanan.*

DEAR SIR.—I studied medicine in the allopathic school. Becoming dissatisfied with “king calomel” and all his preparations, I opened my mind to conviction, read every theory, obtained books of every school, read, considered and digested, and at last fell in with “Eclecticism.” I went to New Orleans last fall and practiced there till this summer. I became acquainted with Dr. A. Kendall of N. O., an excellent physician of the *Eclectic* School. I obtained much good sound information of him in regard to the Eclectic practice, and had good success by treating after that plan. I am now engaged in practice here and have splendid success. The whole country is against the use of Calomel, and though but just commenced I have as much already as I can attend to. There is a great stir in the camp here; the people are all awake: there are sore mouths, loose teeth, and rotten jaw bones in every direction. Calomel is the great hobby in all these parts with the allopaths. I let the people do the controversy and keep cool with all. This country must be revolutionized. The people have suffered enough by the deadly effects of quackery.”

Part 2.--Homœopathy and Hydropathy.

HOMŒOPATHIC TREATMENT OF CHOLERA.

As there is some difference of opinion among the friends of Homœopathy, we have thought proper to publish the following extracts from a communication of Dr. Hempel, in the New York Tribune. We were not aware that there had been any such results in the Homœopathic treatment of Cholera as Dr. Hempel mentions, viz.: "an average loss of 25 per cent." The average results in Europe of which we have seen any accounts, have been a loss of about 10 per cent. A number of less favorable reports have been received from New York, but we are inclined to think there must be some mistake in Dr. Hempel's figures. At any rate, we shall endeavor to publish the best information we can obtain on these subjects, and doubt not Dr. Hempel's remarks will be freely criticised by others.—B.

"The Committee recommend the Spirits of Camphor, Ipecacuanha, Veratrum and Cuprum, as the best Homœopathic remedies for Cholera. This is the old routine practice which was adopted by Hahnemann and his disciples when the Cholera first made its appearance in Europe. The reason which led them to adopt these remedies in preference to others, was some vague similarities existing between the external symptoms of Cholera and the *apparent* effects of these remedies upon the healthy body. But all internal and essential relations between the pathological character of the disease and the physiological action of these medicines was entirely disregarded.

"During the present invasion of the epidemic in Germany and England, the Cholera has been treated in the same way as before, though several new remedies have been proposed by Homœopathic Physicians. The success of their treatment has by no means been commensurate with the otherwise well-founded pretensions of the Homœopathic school to a superior treatment of disease, unless an average loss of 25 per cent. be considered a great gain. Indeed, who that has seriously reflected on the internal, essential, and physiological action of Ipecacuanha upon the human organism, can seriously recommend this agent for any of the phenomena characterizing an attack of Cholera! And Cuprum—does Cuprum affect

probable that the deaths which are supposed to be caused by disease, are sometimes caused by the prescriptions of the practitioner. But let us look a little more closely into the nature of this uncertainty and danger, and in doing this, I propose to take as our guide an able writer of the present school of medicine.

Dr. Abercrombie of Edinburgh, an eminent physician, in his book entitled 'Inquiries concerning the Intellectual Powers and the Investigation of Truth,' remarks that the uncertainty, and of course the danger, of medical practice is principally felt in two respects; first, in regard to the character of disease, and secondly, in regard to the remedies employed. Of the first he says:

'Since medicine was first cultivated as a science, a leading object of attention has been to ascertain the characters or symptoms by which internal diseases are indicated, and by which they are distinguished from other diseases that resemble them. But with the accumulated experience of ages bearing upon this important subject, our extended observation has only served to convince us how deficient we are in this department, and how often, even in the first step in our progress, we are left to conjecture. A writer of high eminence has even hazarded the assertion, that those persons are most confident in regard to the characters of disease whose knowledge is most limited, and that more extended observation generally leads to doubt.'

As to the effect of medicines upon the patient, Dr. Abercrombie remarks:

'An equal or even more remarkable uncertainty attends all our researches on the second head to which I have referred, namely, the action of external agents upon the body. These engage our attention in two respects, as causes of disease, and as remedies; and in both these views the action of them is fraught with the highest degree of uncertainty.'

Observe the terms chosen by this sensible and cautious Scotchman, 'the highest degree of uncertainty.' Let me here remark, that where so much uncertainty exists in regard to the effects of medicines, there must be frequent mischief done by the practitioner. Prescribing, as he must do, according to his best conjectures, he must sometimes prescribe hurtfully, and in such a manner as to occasion the death of his patient. He who shoots in the dark is not only likely to miss his aim, but is in danger of maiming or killing those whom he would gladly spare.

Again, after showing what exactness has been attained in other branches of science; with what confidence, for example, in chemistry, certain results are expected from certain preparations, and how this confidence is never disappointed, Dr. Abercrombie proceeds to say:

'With what different feelings we contemplate a case of dangerous internal disease—its probable progress and termination, and the

effects which our remedies are likely to produce in arresting it—those best can tell who have most experienced them.’

I shall make but one more quotation from this writer, and it is remarkable for the force of its language. He is speaking of the difficulty of making use of previous medical experience.

‘When in the practice of medicine,’ says this acute writer, ‘we apply to new cases the knowledge acquired from other cases which we believe to be of the same nature, the difficulties are so great, that it is doubtful whether in any case we can properly be said to act upon experience, as we do in other branches of science. The difficulties and sources of uncertainty which meet us at every stage of such investigation, are in fact so great and numerous that those who have the most extensive opportunities of observation, will be the first to acknowledge that our pretended experience must in general sink into analogy, and even our analogy too often into conjecture.’

How much truth there is in these remarks, all who have observed with moderate attention the course and results of medical practice can testify. We all know with what confidence the young practitioner begins his career, sure of curing diseases by the methods laid down in his books; we see him meeting with disappointment after disappointment, and after many failures we find that he has unlearned that confidence, and in its stead has been taught the melancholy lesson of doubt, the wisdom of cautions and wary conjecture, the surest wisdom of the present school of medicine, and the parent of its safest practice. We see how often those very prescriptions which are meant for remedies, and which are applied with the best lights of the practitioner, are followed by an immediate increase of the malignity of the disease, and probably accelerate death.”—*Bryant on Homœopathy.*

CHOLERA MORTALITY.

In the following reports copied from the N. Y. Tribune, it appears that the mortality of cholera patients at New York, has been, in the Homœopathic practice, 14.4 per cent, and in the Allopathic practice 71.4 per cent, or about five times as great.—B.

CHOLERA—WEEKLY REPORT.—Twenty-four Homœopathic physicians of the cities of New York and Brooklyn, have reported to me the following results in the treatment of Cholera, as reported by them to the Board of Health:

	Cases.	Deaths.
For the week ending the 16th inst.,	47	5
Total to August 16,	236	23

B. F. BOWERS, Sec. Hom. Soc. of N. Y.

113 Bleeker St., Aug. 17, 1849.

[See next page.]

TUESDAY, Aug. 21.

BOARD OF HEALTH.—Dr. Greer, the resident physician, reports 70 new cases of Cholera and 30 deaths, as having occurred since his report of yesterday, returned in the following order:

	Cases.	Deaths.	Cured.
Private Practice,	53	22	
William St.,	4	3	8
Thirteenth St. Hospital,	3		1
Thirty-fifth St. Hospital,	3		2
Stanton St. Hospital,	7	5	1
Total,	70	30	12

THE WATER CURE.*

BY MRS. M. S. GOVE NICHOLS.

THE WATER CURE is the scientific application of the principles of nature in the cure of disease. It is not the mere application of water, but it enters into all the causes of disease, and assists all the efforts of nature for its cure. It prescribes a pure and healthy diet, carefully adapted to the assimilating powers of the patient; it demands pure air, and strengthening exercise, with other physical and moral hygienic conditions. The applications of water, according as they are made, are cleansing, exciting, tonic or sedative. Water clears the stomach better than any other emetic; produces powerful and regular evacuations of the bowels; excites the skin—the great deterging organ of the system—to throw off masses of impurities; stimulates the whole absorbent and secretory systems; relieves pain more effectually than opium; dissolves acrid and poisonous matters; purifies the blood; reduces inflammations; calms irritations; and answers fully all the indications of cure—to fulfil which, physicians search their pharmacopœias in vain. The proper application of the processes of the WATER-CURE never fails of doing good. Its only abuses come from ignorance. The Water-Cure physician requires a full knowledge of the system, and a careful discrimination in applying it to various constitutions, and the varied conditions of disease.

Medicines, too often, instead of aiding, check the curative process of nature. They deaden and stifle diseases, instead of casting them out. Often they change acute affections, which, left to their own course, would result in health, to chronic and incurable diseases. The pa-

*From a Tract recently issued for gratuitous distribution.

tient, after being rid of the particular action of the disease, still retains the causes that produced it, with the addition of the medicine he has taken. Often, in the Water-Cure, patients throw off large quantities of mercury and other poisons, which have lain in their systems for years, producing rheumatic, neuralgic, and other nervous and chronic diseases.

As nature is making constant efforts to free the body from disease, and as Water-Cure strengthens and invigorates all the powers of nature, and assists in its great processes of dissolving and expelling morbid matter, it is applicable to every kind of disease, and will cure all that is curable. It cools raging fevers, and gives tone and energy to the most exhausted nervous system; it soothes the most violent pains, and calms the paroxysms of delirium; it brings out the poisonous matter of scrofula, and gives firmness to the shaking hand of palsy.

Unassisted nature, where there is a large stock of vitality, may triumph over both disease and medicine. The success of the Homœopathic practice shows, that the less medicine taken, the oftener Nature asserts her rights. But the Water-Cure equalizes the circulation, cleanses the system, invigorates the great organs of health, and, by exciting the functions of nutrition and excretion, builds up the body anew, and re-creates it in purity and health.

Health, once established by the Water-Cure, is maintained by it ever after. It is rare indeed that a Water-Cure family ever needs a physician the second time. The system threatens in this way to destroy all medical practice. Mothers learn to not only cure the diseases of their families, but, what is more important, to keep them in health. The only way a Water-Cure physician can live, is by constantly getting new patients, as the old ones are too thoroughly cured, and too well informed, to require farther advice. This is a striking advantage to Water-Cure patients, if not to Water-Cure physicians.

The efficacy of the Water-Cure depends always upon the amount of vital energy or reactive force in the patient; and this in low and chronic diseases must be economized with the greatest care. Mistakes and failures in Water-Cure, have come from not knowing how to adapt the treatment to the patient's reactive power. The same treatment that would cure one, might fail entirely with another. The practice of this system, therefore, requires profound science—the best judgment, and the finest discrimination. These are especially needed in chronic, nervous, and female diseases. In all these, the Water-Cure is the only effectual remedy. Thousands of women are every year doctored into premature graves, who might be saved by a knowledge of the Water-Cure. The world is scarcely prepared to believe that its processes relieve childbirth of nearly all its danger and sufferings—yet this truth has many living witnesses.

The writer has had a large obstetric practice for several years,

and has never had a patient who was not able to take an entire cold bath, and sit up and walk, the day after the birth of a child. I need not say, that life would often be the forfeit of even rising from the bed, at an early period after delivery, where patients are treated after the old methods. The water treatment strengthens the mother, so that she obtains a great immunity from suffering during the period of labor, and enables her to sit up and walk about during the first days after delivery. In all the writer's practice, and in the practice of other Water-cure physicians, she has never known an instance of the least evil resulting from this treatment.

Dyspepsia yields readily—slowly often, but very surely—to the Water-Cure. There is no patching up, but a thorough renovation. Some of its greatest triumphs are in nervous and spinal diseases; and cases of epilepsy and insanity are cured in so many instances, as to encourage hope for all. In all diseases of the digestive organs, and the nerves of the organic system, medicines are worse than useless. The only hope is in some application of the Water-cure—the more scientific, the better.

The diseases of infancy—as croup, measles, scarlet fever, &c.—lose all their terrors under the Water-cure system. Death, by any such disease, in this practice, is unheard of, and could only result from the grossest ignorance in the physician, or some terrible complication of hereditary disease in the patient. Colic, diarrhoea, and dysentery, in children and adults, are perfectly manageable in the Water-cure, and yield to its simplest applications. Fevers and inflammations of all kinds, are controlled with so much ease, and are so shortened in duration, as not to excite the least uneasiness. It is a maxim in Water-cure, that one who has strength enough to have a fever, has strength enough to be cured. The small-pox yield readily to the Water-cure, and is cured without leaving the slightest mutilation. In typhus and ship fever it is equally effectual; and in cholera, the writer has never seen a case that did not yield readily to its applications. The Water-cure is a perfect preventive.

It may be proper to state, that all these acute diseases are shortened, because the system, in the Water-cure, is enabled to throw off as much bad matter in three or four days, as it could get rid of in as many weeks if left to itself, or weakened by medication. Thus fever and ague is cured in four or five days, without danger of relapse, as frequently happens after the poisoning of quinine. In all acute diseases, the Water-cure operates so promptly and effectually, and nature, when not weakened and interfered with by bleeding and drugs, carries on her work so beneficently, that there is not the least fear of an unfavorable termination.

The writer has treated lung, typhus, scarlet, ship, and brain fever, and has never lost a patient; and in only one instance has the fever continued over six days. In measles, varioloid, and small pox, she has found the treatment equally effective. In one instance, where the patient was fast sinking from suppressed measles—not

having slept for seven nights—a single wet sheet pack induced sound sleep, and brought out the measles thickly all over the surface of the body; and in three days' treatment the patient was comfortable and out of danger. In severe pain, in neuralgia, or tic douloureux, in delirium tremens, and in other severe nervous affections, the wet sheet pack has a more certain soothing effect, than any preparation of opium, or other anodyne, without after bad consequences.

Consumption is considered an incurable disease; but there have been many cases in the practice of the writer, in which it has seemed to be permanently cured, and others in which existence has been greatly prolonged. Her own case is one of perfect recovery from consumptive tendencies of the most alarming character; and there is little doubt, that in most cases the disease might be arrested in the earlier stages of its progress, by the Water-cure, while drug medication never fails to aggravate the disease and hasten its progress.

The processes of the Water-cure, skilfully directed, are never painful, and seldom disagreeable. If irksome at first, they soon become pleasant, as the nerves acquire tone. They may be gone through at all seasons, and in many cases without materially interfering with the ordinary business and amusements of the patient. They can be applied to all situations where it is possible to get pure water, fresh air, and a proper diet. It is desirable, in many cases, to live at a Water-cure house; but many of the best cures are made by patients who apply the water at home under competent advice. Summer is favorable for some cases, winter for others, and spring and autumn for all. A few days' treatment suffices for an acute disease, but a chronic one may require weeks and months of persevering attention, according to the vitality of the system, and the nature of the disease.

The great trouble with Americans is, they are in too great a hurry. They are in a hurry to eat and drink, and to get rich. They get sick as fast as they can, and they want a short cut to health. Chronic disease that has been inherited, or induced by wrong doing through half a lifetime, cannot be cured in a day by any process now known to the world. What we want for Water-cure, is a fair trial for a sufficient length of time.

The Water-cure is the most economical system of medicine. It supports no druggists, and requires few practitioners. Water is everywhere free, and the best diet is cheaper than the worst. The universal practice of Water-cure would lead to universal health. A single consultation and prescription is often all that is necessary; and contrary to every other system of medicine, the means for gaining health are also the means of preserving it. For these reasons Water-cure is destined to be the greatest blessing ever bestowed upon a diseased and suffering race.

CASE OF FEVER—HYDROPATHIC TREATMENT.

BY JOEL SHAW, M. D.

I was called the 2d of June, 1849, to visit Joseph Lee, aged 18 years, living with his parents at Cypress Hills, Long Island. On Monday previous to going to the city of New York, he was attacked severely with chills. Arriving at John street, his father's place of business, severe reaction or fever came on, so much so, that he was compelled to lie for hours on the floor. He declared that it would not be possible for him to return home that day. He was also very stupid with the fever. A physician was called who administered some medicines. He was afterwards conveyed home to Cypress Hills. His mother remarked that he had appeared stupid for two or three days previously.

The young man had been mostly at sea since eight years of age, having sailed twice to China, and twice to England during that time. Leading a sea-faring life, his habits were not good. He had also, like sea-faring men generally, indulged freely in the use of tobacco.

After returning home the day after the attack, he continued to grow worse; but little sleep could be obtained; and that was unrefreshing and disturbed. More medicine was given him, from time to time, by the directions of a physician of the city, but his mother fearing its effects, restrained herself in its use. He experienced no more chills; but the fever and consequent debility continued to grow worse. On Thursday following the Monday of his attack, a ten grain dose of calomel was administered; and also other medicines. He became delirious, remained so during the whole night, and obtained no sleep. The next day, Friday, there was no abatement of the symptoms, and the night was worse than the preceding. In the morning a neighboring physician was called, who administered an opiate. This caused either stupor or partial sleep; the delirium, however, continued the same; he imagined that soldiers were coming after him, firing after him, and he declared that himself and mother must part. He undertook to dress himself and go out, but having no strength to enable him to be up, he was prevailed upon again to take to his bed, and wait until the next train of cars before he should go away.

In this condition I found him. There was high burning fever, wildness, delirium, and the various symptoms usually attending such a state. The pulse was above a hundred; the face was flushed, the eye suffused, and the heat very great. It was about ten o'clock when I first saw him. It should be remarked that water had been freely given him to drink, and cold wet clothes had been used about his head. I think some slight bathing had also been applied.

Treatment.—The first thing done was to bring a wash-tub into the room, with two buckets of pure soft water. The latter was moderated in temperature, so as not to shock the system too severely at first. Patients in delirium are soon quieted by cold water; but it is better to begin a little gradually at first; at any rate there is no need of doing violence to the system. A bucket of cold water was also placed beside the tub, the patient was then raised from the bed, and made to sit down in the tub, the back side of it being a little elevated with a block of wood, and his feet were left outside. By means of cups, water was poured constantly over the surface, from the crown of the head down. Very soon he became as still and quiet as if he were going to faint. This is common with patients in delirium. Finally, cold well-water was poured over him, little by little, a tea-cup full at a time; the head and back of the neck and spine were especially subjected to this process. Very little rubbing of the surface was practised, as there was no need of this. The great object was to abstract the unnatural heat from the system, and at the same time allow the parched surface to absorb as much water as might be.

The ablation was continued some fifteen minutes or more, at which time, judging from the temperature of the arm-pits, the morbid unnatural heat was, for the time, all removed. A heavy linen sheet, which had before been made ready, was now wound all about him. It was large, so that folded three double, it passed from the arm-pits to below the knees. It is better in many cases of fever to apply the sheet in this way, as thus the patient can move and be moved far more readily than if the sheet extends over the whole surface. Wet towels may be placed about the remaining parts, if necessary. Enough of the sheet was at first wet to pass around the body once, so that there were three thicknesses of the wet. Wet cloths were also placed about the head. Besides this wet sheet, there was only a single dry one placed over him. The object was *gradually* to abstract the morbid heat. If too much covering were allowed, the heat would accumulate, and thus the patient be made worse. Cold towels were applied to the head, and often changed; he was made apparently very quiet and comfortable by these applications. The windows on each side of the room were kept open, and by a pleasant breeze at the time, the air was rendered as pure and fresh as could be imagined. It was not long before sleep came on.

After this, the patient appeared more rational; but the heat rising after about two hours, he was again subjected to the ablation. After this the entire sheet was wet and placed about the body, as before, so that there were *six thicknesses of wet linen covering about almost the entire surface*. The sheet was left as wet as could be without dripping. We did not at any time chill the patient very much; but if such an occurrence had taken place, we could easily

have covered him more; and if necessary have placed moderately warm applications to the feet.

After the second application, which was between three and four o'clock, speaking from memory, he again slept. In about an hour more, the surface becoming rather warm, the sheet was changed. He continued to sleep much of the time, and when he awoke appeared to be entirely calm and in his right mind.

I then left at about five o'clock in the afternoon, having been present with the patient much of the time for five hours, leaving directions with his very worthy and intelligent mother, as follows:—"Continue on with the wet sheet a considerable part of the time; one half at least; re-wet it as often as the patient becomes too warm, and if need be, without any reference to times or frequency; administer the baths to keep down the heat; give all the water to drink the patient desires, but no nourishment of any kind before morning, and not any then unless he calls for it."

The next day I returned between eleven and twelve o'clock, when I found that a most wonderful change for the better had taken place. The patient had rested well during the whole night; had gained strength astonishingly; was perfectly in his right mind, and gradually improving in every respect. It had not been necessary to repeat the bathing very often, but the wet sheet was a number of times applied. Another ablution was given at twelve o'clock, after which the patient rested again in the wet sheet. He was now able to sit up in bed, having chairs to lean upon a considerable part of the time, and took some light nourishment, very small, however, in quantity.

After dinner, preparing to return home, I left directions that the patient should be bathed and have the wet sheet at least twice a day, and oftener if necessary, to keep down the heat. I remarked, that with present prospects, there would be no need of my coming again to see him. The intelligent mother now understood the great indications of treatment, namely, *to keep down the morbid heat*; and she had now more than ever, confidence in the treatment employed. The patient continued day by day, to grow better; and I think the third day of the treatment, was able to walk out. At all events, just one week from the time when I first saw him burning with fever and raging with delirium, so that he had had neither his senses nor any rest for the greater part of three days; he had rode to the city of New York, and could go about like others, comparatively well.

On visiting the patient the second time, it was most gratifying to witness how great a change had been wrought. For nearly a week an anxious mother had watched over him by night and day, with all the care and solicitude of which a mother is only capable. It can be easily imagined she was care-worn, fatigued, exhausted, with her anxiety, night-watchings, and toil; but the second day, on com-

ing near the house, her countenance plainly bespoke how great had been the change for the better with her only son. Both he and herself had enjoyed a good night's rest. It is now to be hoped, that this young man will do, as he is determined to cleanse himself wholly from that vile narcotic which has injured him hitherto so much. If he will but do this, and observe good general habits in eating, drinking, sleeping, and every thing else that pertains to life and health, then no such attack of fever can ever again come upon him. He will, as far as human foresight can know, enjoy, month by month, and year by year, firm and enduring health. No fever, cholera, or other pestilential diseases or maladies of less severity can invade his system while such a regimen is followed.

This case, we have every reason to believe, would have resulted in severe, and perhaps dangerous typhus fever, had it not been arrested by the timely and most vigorous application of cold water.

I will say, in conclusion, let not those who trust themselves to that best of all *febrifuges*, cold water, be at all discouraged if they do not in any case, succeed so well as was true in the above instance. Persevere for days, and weeks if need be, in *keeping down the fever*. Go on thus, and if you do not succeed readily in a day, fly not to drugging and poisoning, as too many are apt to do; but rather, let the patient die, if die he must, a *natural death*.

Water-Cure Journal.

WATER-CURE IN CHILDBIRTH.

To the Editors:—Allow me through the medium of your interesting Journal, to call attention to a late signal case of the wonderful effects of the Water-cure system. Perhaps in primitive ages this would have been thought nothing of, but in these “degenerate” times, when mothers have such protracted periods of “getting up,” causing so much discomfort as well as pain, I contend that the following case is a blessed example of the benign workings of this new system.

Upon the 5th inst., my wife, under the attention of that eminent hydropathist, Dr. Shew, gave birth to a large healthy boy. The child was not two hours old, before the mother was lifted from bed and placed in the sitz-bath, and from that time commenced a rapid recovery—suffice it to say, she kept her bed for one day only—the second day she sat up—the third day walked about the upper floor at different intervals—fourth day came down stairs to her meals, and the fifth day took a short walk in the street, and now, though but two weeks since confinement, is enjoying herself with her family in the country.

Now, some may say that my wife was “only one in a thousand” who could stand it, but although I do not consider myself compe-

tent to judge, as to what others can do, yet I can only add that she has suffered as others have in previous "confinements," and "*confinements*" they truly were—kept in close, hot rooms, for perhaps a month.

As to the treatment, though so effective, yet it was truly simple. She, of course, took no medicine, took daily four or five baths, enjoyed the refreshing air from open windows, and that absence from nervous languor previously experienced. Her appetite on the fourth day was ravenous, and she enjoyed her usual meals with peculiar satisfaction.

I have been induced to make this family affair public, from a desire to influence others to wean themselves from that dreadful prejudice which leads them to submit to the old-fashioned, lengthy and severe treatment, and to try the effects of the new, simple, but beautifully effective system, as practiced by the disciples of Priessnitz.

JOHN WHEELER, JR.,

81, Clark St., Brooklyn.
Water-Cure Journal.

HYDROPATHY; OR THE WATER-CURE. ITS PRINCIPLES, PROCESSES, AND MODES OF TREATMENT. *Compiled in part from the most eminent authors, ancient and modern, on the subject; together with an account, of the latest methods adopted by Priessnitz. Illustrated with numerous cases of cure.* By JOEL SHEW, M. D.

The publication of the first edition of this work of Dr. Shew's, about five years since, is to be considered as having been the first grand impetus to the new system of hydropathy in this country. Indeed, at that time, the Water-cure had been heard of among us by only a few. The first, a large edition, was sold in a few months. Since that, however, owing to the fact that numbers of smaller works have been published on the subject, its sale has not been so rapid.

"There is one feature of the present edition which, it is believed, will render it a much more acceptable one than either of the former. While on a second visit at Graefenberg, in the winter of 1847-8, the author was careful to obtain of Priessnitz his methods of treating the principal diseases to which the human system is subject. These were not trusted to memory, but were written down on the spot. These methods, simple as they may appear, are the results of this great man's experience, gained through many years of persevering toil. His opinions must necessarily have great weight with all who have confidence in the new system of water."

This book is now stereotyped, and is beautifully printed on good paper. It contains 360 pages of large 12mo, and is cheap considering the amount of matter it contains. Any one remitting one

dollar, free of postage, can receive it from the office of the Water-cure Journal, by mail. No family, we think, should be without this highly interesting and practical work.—*H. Hope, M. D.*

THE WATER-CURE AT BRATTLEBORO' VT.—A correspondent of the Hartford Courant, writing from Brattleboro', Vt., says in relation to the Water-cure :

A lady was brought here two months since from Lowell, Mass., on a feather bed. She was given up by her physicians, and so low that they were eight days bringing her on; her limbs were utterly useless—so much so that she had not used them for twelve months. She now walks over these mountains as nimbly as any girl; and you would hardly suppose that she had ever been sick.

The water appears to possess the property of ejecting from the system everything impure and not necessary to sustain life. Men are here whose systems are perfectly saturated with mercury, and when they come out of the sheets in the morning, after sweating an hour or so, they are stained with mercury; in fact it brings out every impurity.

The course we have to go through is this—first, sweating in a wet sheet in the morning; from a wet sheet we are plunged into a cold bath and rubbed down for about fifteen minutes, and then started off to walk some three or four miles before breakfast; at eleven or twelve o'clock a douche bath, or stream of water falling at a distance of from fifteen to twenty feet on all parts of the body; rubbed down, and walk again; at five o'clock a hip bath, and at night a foot bath. During the intervals we walk and drink water to the amount of thirty glasses per day.

VEGETABLE DIET AND WATER-CURE.

During the last month, two more books have been added to our rapidly increasing reform and hydropathic literature. The first is Dr. Alcott's work on *Vegetable Diet*, published by Fowlers and Wells. The author is widely and favorably known by his various writings on moral, medical, and physiological subjects. The present work brings together the testimony of medical and scientific men, whose minds have been particularly directed to the subject, and the experience of all ages, in favor of vegetable food in preference to animal. The second work alluded to is entitled "*Bulwer and Forbes on the Water-treatment*," edited by Dr. Houghton, of this city. With the exception of some fifty pages of "Observations on Hygiene and the Water-treatment," by the editor, it is a republication of Bulwer's celebrated letter, Dr. Forbes' able paper on the Water-cure, Dr. Wilson's remarks on Bathing and the Water-treatment, and the opinions of Mr. Mayo and Sir Charles Scudamore, with two or three other medical men, on the same subject.—*Water-Cure Jour.*

Part 3.—Miscellaneous Selections.

ANIMALCULÆ AND CHOLERA.

MICROSCOPIC APPEARANCES OF THE DISCHARGES AND MUSCULAR FIBRES OF A PATIENT WHO DIED OF EPIDEMIC CHOLERA.—By W. J. Burnett, M. D.

Dr. Burnett, by request, recently read a paper before the Boston Society for Medical Improvement, on this subject. It is published in the American Journal of Medical Sciences, for July.

On Sunday, June 3d, a man at the northern of the city was attacked with the premonitory symptoms of cholera. The case ran a rapid course, and in a few hours he was in a state of collapse; and on the next morning, at 10 o'clock, he died.

A post-mortem examination of his body was made, on the afternoon of the same day, at half past three o'clock. At this autopsy I secured a quantity of the "rice-water" liquid found in his intestines; also a portion of one of the pectoral muscles. These specimens I submitted, on the morning of the 5th, to careful and repeated microscopical examinations, and obtained the following results:

1st. "*Rice Water*" Liquid.—This was found loaded with epithelium of both varieties, viz., the *cylinder* epithelium, and the *tesselate* or pavement epithelium. These cells were floating about not only singly, but in large flakes of one-thirtieth to one-tenth of an inch in size, and attached uninjured to the "basement membrane" from which they grow; so that it would appear that this "basement membrane" had been stripped off, bearing the cells upon it. The cloudiness and opacity of this liquid seemed entirely due to the presence of immense quantities of these epithelial cells, since no mucous corpuscles or any other corpuscles whatever, as well as no shreds of lymph, could be detected from repeated examinations.

It is well known that the *tesselated* or pavement epithelium covers the mucous membrane of the mouth and œsophagus, while the mucous membrane of the remaining portion of the alimentary canal is covered by the cylinder epithelium. Therefore the presence of both varieties of this epithelium in these discharges would show that they came from the surface of the *whole* of the alimentary canal, instead of from its intestinal portion only.

Loitering here and there, in the field of the microscope, was an occasional crystal of the *oxalate of lime*.

For a long time, I could perceive nothing in this liquid but the two substances just mentioned, viz., the epithelium and the crystal

of oxalate of lime. But, after increasing the power of the instrument, a third element appeared, and was then so apparent that I greatly wondered I had not before seen it. This was the presence of thousands of thousands of *animalculæ* swarming and sporting about in every direction. For a time, I thought that this must be a mere accident, but very many subsequent examinations afforded the same results; and that I might not be the only person to vouch for their presence here, I showed them to my friend, Dr. D. H. Storer, of this city, who made the remark, that he distinctly saw them "writhing about." By a power of five hundred linear diameters, they could clearly be seen, some as *linear* moving bodies, others having a more globular character—the former seeming to be only a linear aggregation of the latter. They seemed, therefore, to be *vibrtones*, and by measurement the single animals were from 1-16,000 to 1-20,000, and the compound chain-like animals were from 1-8000 to 1-4000 of an inch in diameter. I state these facts in this precise manner, since some, it is probable, may think that all this is simply the *molecular motion* so often observed in the secretions. But that they were distinct animals having voluntary motion, I have no doubt, since Dr. Storer, as well as myself, saw them moving in a serpentine manner over the field.

2d. *Muscular Tissue*.—Not thinking of seeing any of these appearances, I examined a small bit of muscle, with reference to ascertaining, if possible, on account of the involuntary muscular contractions during life, the proximity of the *striae* of their *fibrillæ*. But my perception of these relations was not very acute, from my astonishment to find in this tissue these same *animalculæ* in great numbers. A little distilled water, used to soften the tissue, brought out great numbers of them into it, so that they were seen, as in the intestinal liquid, sporting about hither and thither. In these examinations, all possible care and precaution were used, to prevent the introduction of any foreign bodies into the field of observation.

The great fact to be borne in mind, as the result of these examinations, is that the same *animalculæ* were found in great numbers both in the intestinal liquid and in the muscular fibre. And the fact of their being in the muscular fibre would argue, I think, decidedly against the supposition of their mere accidental presence in the liquid of the alimentary canal.

I much regret that, before these observations were made known, I should not have had the advantage of more specimens from patients who have since died here of this disease. And although it may seem premature that these results from a *single* case should thus be made known, yet they are exposed as simple facts, and upon future examinations I shall rely for the proof, either, on the one hand, that these *animalculæ* were simply *accidental* to *this* case alone; or, on the other hand, that their presence is constant in this disease; and if the latter is found to be correct, as would

seem thus to have been foreshadowed, there will then be sufficient time to attempt to trace their *causative* relation with this dire disease now among us.

Furthermore, should future investigations show that these *vibrios* are equally common in the tissues and secretions of patients dying of other diseases—in other words, that their presence in this disease is not specific—yet the above note will not, perhaps, be considered without value—since it may serve to call the attention of better observers than myself to this interesting subject.—*Am. Jour. of Med. Science.*

Dr. J. T. Plummer, of Richmond, Ia., makes the following remarks in the *Western Lancet* :—

I hasten to lay before the medical public a discovery which may ultimately prove important to mankind. If, however, it should eventuate in nothing serviceable, I will have accomplished my present purpose, of giving to others an opportunity of testing the accuracy of my observations so far as they extend; and of carrying out the discovery to an extent which the means at my command will not permit me to do.

During the prevalence of the epidemic cholera in this place, I have availed myself of every opportunity of examining chemically and microscopically, the alvine evacuations of the patients under my care. These researches, together with the history and treatment of the disease as it appeared here in 1832, 1833, 1834 and 1849, with various collateral subjects, I will probably submit to my medical brethren at a future day; but the principal object at present is to announce the discovery in cholera evacuations of different physical characters, or animalculæ, with which I have had no former acquaintance.

Some weeks ago, while contemplating the sizes of the globules (apparently mucus globules) in a drop of the sedimentary portion of a cholera stool, I was surprised to see one of the apparent globules start into active motion. Not being of a very sanguine temperament, I at first suspected the motion might be owing to a temporary current suddenly created in the fluid, carrying the globule along with it. But why were other globules and particles, in the course of the supposed current, motionless? I had no cause to attempt to answer this question—for directly, another and another globule (as I shall still call them for convenience) began to frisk about, moving in different directions, some stemming actual currents set up in the fluid under examination, wriggling what appeared to be their heads, rapidly from side to side as they progressed; others performing gyratory motions; some seemed to be spinning upon their own axis; others performing various other evolutions. These living atoms were of

somewhat different sizes, but all of them appeared to be smaller than what I considered the mucus corpuscles.

Apparently, these animalcular dots had the power of contraction and expansion; but in this observation I may have been deceived. Well aware of the danger of optical illusions in microscopic as well as other visual appearances, I repeatedly changed the drop of liquid and continued my examination of the foregoing and other phenomena, by candlelight, for hours. During my nocturnal observations, I perceived a number of the animacules to be paired, so as to be in close contact. Once I discovered a separation to be taking place between what appeared to be a pair; and keeping my eye on them, I observed them finally to have a fair space between them; but yet, as one moved, the other followed as if dragged by some invisible connexion.

My thoughts were now turned to the query, whether these were *monads*? They were certainly not *vibriones*; if they were infusory animacules, they were probable monads. Here were the apparently globular form and fissiparous generation of monadic life. But were these animalcules really *infusory*? That is, did they take possession of evacuation after its passage from the intestines? The evacuation was six or seven hours old before it was submitted to examination; this made it possible for infusory life to have begun. I then reasoned, that if these were infusorial, their numbers would increase. Twenty hours afterward, I therefore examined the same evacuation, and found globules still moving. Cold water was added to dilute the drop; it appeared to produce no effect upon the moving atoms, the number of which was not increased.

I repeated my observations upon another portion of the liquid, forty-four hours from the time of its dejection, all apparent life *was now extinct*. The conditions, then, ostensibly most favorable to infusorial life, proved destructive to these animalculæ. I now resorted to the probability of their being inbred in the human system or imbibed; and waited for further opportunity of prosecuting my inquiries; one soon offered, and a most favorable one.

About the thirtieth evacuation from a dying man was, within two minutes after its passage, enclosed in a well cleansed vessel prepared for the purpose, and in ten minutes was under the microscope.—The stool was almost as limpid as water. All my former observations were now confirmed; but with the aid of a somewhat more powerful glass than mine, belonging to Dr. Smith, (whose corroborative observations were now added to mine,) I discovered the animaculæ to be discal or perhaps lenticular; and to possess appendages resembling legs or paddles. And the application of them was very obvious in the performance of those gyratory motions already mentioned; on the inner side of its circuit, the fluid was quiet, while the fluid in immediate contact with the opposite or *outer* side

of the animalculæ, was evidently *rippled* by the use of its extremities in performing its gyrations.

Beside the infusoriæ, I can think of but two other substances which could be mistaken for the cholera animalculæ. One is, the molecular base of the chyle; the molecule of which are said to exhibit vivid motions, and the other is the blood-corpuscle when multiplying itself by fissiparous generation, according to Dr. G. O. Rees. With respect to the first, it is not likely that my microscope is sufficiently powerful to bring the molecules to light; and as to the second, I do not know that blood-corpuscles have heretofore been suspected to have legs. I now think of one other substance which I may have mistaken for the apparent entozoa. I mean the detached epithelial cells, while their ciliary powers are yet active. But the whole subject is now in the hands of those who are better prepared for such investigations than I am; and acknowledging my comparative ignorance of microscopic research, I submit the foregoing *facts* to the reader.

JNO. T. PLUMMER.

Richmond, Ia., Nov., 1849.

Microscopic *infusoriæ* in the alvine dejections of cholera patients have been mentioned by others. M. Pouchet, of France, has recently observed vast numbers of these animalculæ in rice-water discharges. The peculiar *motion* witnessed by Dr. Plummer, could hardly be attributed to *ciliary* bodies, for the epithelial cells of the alimentary canal are destitute of ciliary prolongations.

[*Editor of Western Lancet.*

PROCEEDINGS OF THE NEW YORK STATE MEDICAL CONVENTION.

Pursuant to notice generally circulated through the State of New York, the friends of Medical Reform met in general Convention in the city of Syracuse, Tuesday, September 11, at 2 o'clock, P. M. The Convention was called to order by Dr. S. H. Potter, who stated that the objects dictating the call of a State Convention, were to secure a perfect organization of the vast number of Botanic Physicians and their friends throughout the Empire State, in order that they might secure to themselves the facilities of *self elevation*, by adopting measures to obtain a thorough medical education of all its members, and the universal adoption of the practice. The astonishing success of practitioners, comparatively ignorant, far beyond those of other modes, prove most conclusively that to save the human race from that rapid and fearful deterioration which they have been and are still suffering under the ordinary mercurializing and depleting treatment, as well as to restore again to mankind good, vigorous, and healthful constitutions, and save them from premature

graves, the cause of suffering humanity and the welfare of the race, all demand that we now proceed to organize in a judicious manner, so as to enjoy the aid and co-operation of all, learned and unlearned, and extend the salutary influence of Eclectic Medical Practice, until its benefits and blessings can be universally enjoyed.

Dr. P. then moved that Dr. C. S. Totman, of Syracuse, be chosen President, pro tem. Adopted.

Dr. S. O. Gleason, of Glen Haven, was chosen Secretary.

On motion, a committee consisting of five members to draft and present a Constitution, was chosen.

On motion, Drs. Potter, Gleason, Ellmore, Totman and Chaney were constituted said committee, and were instructed to report at half past seven o'clock this evening.

On motion, Drs. Lawrence, Gazley, Horton, Heath and Fowler were appointed a committee to present business in due form for the action of the Convention.

Adjourned to the above time.

Tuesday, 7 1-2 o'clock, P. M. The Convention assembled pursuant to adjournment,—the President in the Chair.

Dr. Potter, Chairman of the committee to draft a Constitution, made report, which was accepted, and the Committee discharged. The report was then taken up, each article separately.

The first article read as follows :

ART. 1. This Convention shall be called the New York State Eclectic Medical Convention.

The term Eclectic elicited much very interesting discussion, in which many members participated. Every possible objection was urged to the name Eclectic, and more than fully answered, and the first article was *unanimously* adopted. The balance of the report after being carefully considered, and undergoing some amendments, was also adopted with great harmony, all seeming to entertain similar views.

On motion, a committee of seven from different parts of the State to nominate officers to serve this Convention the coming year, was chosen. Adjourned to 10 A. M. to-morrow.

Wednesday, 10 A. M. The Convention assembled, the President in the Chair, when the committee on nominations made the following report, viz :

S. M. Davis, M. D., of Buffalo, President.

P. Lapham, M. D., of New York,

W. B. Stanton, M. D., of Albany,

Dr. M. M. Mallery, of Sherburn,

Dr. J. Frank, of Oswego,

Dr. — Sweet, of Mexico,

Dr. P. H. Hays, of Cuba,

Dr. E. W. Sabin, of Rochester,

B. S. Heath, M. D., of Syracuse,

Dr. M. W. Hill, of Buffalo,

} Vice Presidents.

S. O. Gleason, M. D. of Glen Haven, N. Y., Secretary.

S. H. Potter, M. D., of Syracuse, Corresponding Secretary.

Dr. C. S. Totman, of Syracuse, Treasurer.

Dr. I. Chaney, of Liverpool,

Dr. I. C. Morse, of Jordan, } Auditors.

DIRECTORS.

W. Beach, M. D., of New York,	Dr. Potter, Oswego,
Dr. Hassan, do.	" T. A. More, Manlius,
" Winchester, do.	" Robinson, Seneca Falls,
" C. B. Rivenbaugh, do.	" Wm. Elmore, Geneva,
" E. W. Sabin, Rochester,	" Purington, Truxton,
R. Burton, M. D., Albany,	" Hobert, Homer,
A. P. Russel, M. D., do.	" Reynolds, Elmira,
Dr. E. S. Davis, Little Falls,	" Horton, Port Byron,
" Cyrus Thompson, Syracuse,	" S. Look, Prattsburgh,
" G. E. Lawrence, Sherburn,	" L. D. Stone, Auburn,
E. J. Mattock, M. D., Troy,	" G. Sheldon, Cazenovia,
Dr. Salisbury, Herkimer,	" G. W. Whitman, Weedspt.
" J. T. Goodin, Utica,	" G. D. Kuchler, Clarenee,
" Tyler, Rome,	" A. H. Davis, Randolph,
" Teal, Lockport,	" Wm. A. Wallace, Avoca,
" H. L. Hall, Buffalo,	" W. Ransom, Panama.

The report was received and unanimously adopted.

On motion adjourned.

The Convention again assembled at the hour appointed. The President elect, Dr. S. M. Davis, of Buffalo, having arrived, took the Chair.

The business committee presented the following resolutions, each of which was discussed and unanimously adopted, and the committee discharged.

Conscious of the fact, that to be able to elevate and sustain ourselves, and to fill up a life of usefulness in "doing good," we must adopt measures to secure the general diffusion of useful knowledge in a form *acceptable and available to all*; therefore

Resolved, That we most heartily approve of the establishment of Central Medical College, of Syracuse, N. Y., and pledge the cordial co-operation and support of this Convention to the extent of our influence in sustaining the noble enterprise.

Resolved, That a committee consisting of twelve members be chosen by this Convention, whose duty it shall be to co-operate with the incorporated State Eclectic Medical Society, in making arrangements for the erection of a suitable College edifice, and to secure to Central Medical College every other facility for its permanent and prosperous establishment.

In pursuance with this resolution, Drs. Totman, Russel, Chaney,

Gleason, Robinson, Goodwin, Stone, C. Thompson, T. A. More, Sheldon, Hill and Higbie were unanimously chosen said committee.

Resolved, That this Convention is highly pleased with the beautiful and captivating appearance of the Eclectic Medical and Surgical Journal, the correct and very able manner with which it is conducted, as well as the doctrines which it advocates, as also the kind yet dignified spirit manifested in it, and most cordially yield to it our united patronage and support.

Resolved, That we consider a judicious, well conducted Medical Journal, the soul of Medical Reform, and on that account most respectfully recommend our Eclectic friends everywhere, to immediately subscribe for the Eclectic Medical and Surgical Journal, and advance the small amount necessary, even if they have to sacrifice a little to do it, and we will also make every exertion to extend its circulation.

Resolved, That in the opinion of this Convention, Hydropathy has claims to our attention among other efficient remedial means, and as Eclectics we recommend that a spirit of liberal investigation be fostered by our Medical School in this interesting field of research.

Resolved, That we very much admire the brilliant and heroic course of Miss Elizabeth Blackwell, M. D., and recommend our Institution at Syracuse to receive female students and grant them equal privileges with the males.

Resolved, That we recommend Prof. Kost's *Materia Medica* and *Therapeutics* as an excellent and well arranged work on those interesting branches of Medical Science.

Resolved, That we are highly gratified to learn that Prof. W. Beach is issuing a new and splendid edition of his *American Practice*, in 3 volumes, with 300 colored plates, and most cheerfully and cordially commend it to the Eclectic profession, as well as tender our gratitude to the distinguished author for his talents and untiring perseverance.

On motion, resolved that the proceedings of this Convention be published in the Eclectic Medical and Surgical Journal, and other Reformed Journals be requested to copy; and that we print 2000 extra copies of the Proceedings, Constitution and By-Laws for general distribution.

On motion adjourned.

S. M. DAVIS, M. D., *President*.

S. O. GLEASON, M. D., *Secretary*.

ROCHESTER AND SYRACUSE SCHOOLS.—Among other important items of business which came before that body, [the State Eclectic Medical Society,] was a generous proffer, on the part of the Rochester Eclectic Medical Institute, through Prof. William W. Hadley, M. D., Dean of that Faculty, as a committee appointed expressly for the purpose, to enter into a union with us in order that

all the strength of Eclectics in this State might be concentrated, and rendered available in promoting the cause. We are happy in having the pleasure of informing the *particular* friends of this and that interest too, as well as all those who *only* care for the general good, that the terms were so commendably liberal, that it was not only in our power, but our privilege and interest to accept them; and that we no longer have *separate* objects, but our interests and theirs are *one* in heart and action. Many letters had been written to us from different quarters, urging this move, in all of which was the very forcible and time honored quotation, "in union there is strength." One circumstance is worthy of particular attention. The class of students at Rochester, in the exercise of the pure feelings of philanthropy, unbiassed by any local or personal considerations, voluntarily assembled in the hall of their Institute, and passed resolutions unanimously, but respectfully requesting both Faculties to take the matter into serious consideration, and make any concessions deemed indispensable to effect a union. This was in the highest sense commendable to the hearts as well as heads of those students, and is so ominous of their future brilliant career of usefulness, that it would be idle for us to say that a new and glorious era has arrived, and the golden harvest all ripe, will soon be graced with a valiant band of bold and worthy laborers. It is due however, to the Faculties of both schools to state, that in the action of these worthy pupils at Rochester, they only recognize what had long been the promptings of their own convictions of duty; and they all, without exception, in this important matter, have manifested a readiness to yield any interest or opinion of their own, that is *worthy* of the great and good cause in which they are engaged.—*N. Y. Eclectic Medical Journal.*

MEDICAL SCHOOL AT ROCHESTER.—We had the pleasure of visiting the Eclectic Medical Institute at Rochester, a short time since, and must say that a more interesting and promising class of medical students, in appearance, need not be desired, and much larger than we had expected could have been raised at this season of the year, and on so short a notice.

We listened to the lectures of Professors Jones, Hadley, and Hill, with interest and instruction. They are in energy, matter and diction, among our very best medical lecturers. We had a very pleasant interview with the professors and some of the students, and felt ourselves amply repaid for our trouble and expense. Our cause cannot do otherwise than prosper when sustained by such teachers and students.—*N. Y. Ecl. Med. Jour.*

CANADIAN PROVINCIAL ECLECTIC MEDICAL
ASSOCIATION.

By special request, we took a journey to Kingston, C. W., last week, and attended the annual meeting of the Canadian Botanic Society at that place. The Society held its meetings two days, having some four sessions, all of which were deeply interesting. We were pleased indeed to find so many intelligent, scientific and efficient men among our Canadian brethren, as also among them all, the true spirit of self elevation, general investigation and improvement, as well as compromise, for *union* for the good and promotion of the cause, which is highly commendable.

We shall give the proceedings in full in our next Journal, which must be read by all our friends in the States with the deepest interest, when we tell them an outline of their nature. They adopted the name Eclectic, pledged to give all their influence to Central Medical College, and extend the circulation of our Journal in Canada, and act in co-operation and concert with us in elevating the cause, by establishing a flourishing medical institution in Syracuse, as well as in every other measure to secure the general adoption of scientific Eclectic medical practice. They have an able and spirited medical periodical published at Toronto, and edited by Dr. Dick, than whom few are better qualified to conduct such an organ of reform at this important crisis with them.

The laws in Canada are very stringent, giving no man the right to prescribe a single dose of pills, without subjecting himself to a fine of five pounds or imprisonment, unless he belongs to "The College of Physicians and Surgeons," and no man can belong to them, however scientific and successful he may be, unless he *bleeds*, gives *mercurials*, *antimonials* and arsenic, with large quantities of opium. Dr. Dick speaks out in a spirit, and with sentiments and ideas that shake the temples of error and death to their very foundation, and make the rebels of the "regular inquisition," tremble at the manful exposition of their glaring usurpations of law, their suppressions of anything like successful and salutary practice, and the work of death and desolation which follows in their train. Their journal is entitled "The Unfettered Canadian," and it already publishes 2000 copies, and its list of subscribers is rapidly increasing. We have made arrangements with Dr. Dick, to publish a Canadian edition of our Journal for circulation there, and he the same with us, for the circulation of his interesting paper here, which saves the pre-postage in crossing the line, and which will prove highly advantageous to both journals.

We have only time to add, we have seldom been so much attached to any people in so short a time, and saw in few, more to admire. Great harmony, good feeling and dignity marked their

entire proceedings, and many important steps were taken and plans adopted, that look to the ultimate triumph of the cause.

We were most forcibly reminded of one fact, that is, for men to love the truth and be aroused to manfully defend it, they must be persecuted. Dr. Gregory, of Montreal, and other distinguished men, had already been prosecuted and fined for healing the sick and relieving the suffering too quick, and without poisoning and crippling their constitutions. It would have done any reader good to have been present and looked upon those veteran soldiers in medical reform, and to catch some of the same spirit. I often most sincerely wished that all our Eclectic friends could be fined five pounds, to rouse them to decided and efficient action.—*N. Y. Ecl. Med. Jour.*

GLYCERINE IN DISEASES OF THE EAR.

BY SURGEON T. H. WAKLEY.

The adoption of the plan of treatment recommended by Mr. Yearsley, was an appropriate recognition of the value of his labors. The success which attended the use of the simple operation which he recommended was, as I have already remarked, very striking in the first instance. In several cases, the effect of the application of the wetted cotton, in which the tympanum had been perforated by ulceration, was even extraordinary. But it too frequently happened, that the relief obtained was of an ephemeral duration. On applying the wetted cotton, the power of hearing, in several instances, which had been lost for a very long period, was instantaneously restored—an event which excited the most profound astonishment in the minds of the patients and their friends. Too soon, however, was it perceived that the newly acquired power gradually subsided, and the sense of hearing returned to its previous imperfect condition. The relapse frequently produced a feeling of dejection in the spirits and hopes of the patient which it was painful to witness. The benefit derived from the application, in the first instance, was undoubted, and could not be mistaken:—hence arose the question—Why was it of so evanescent a character? This inquiry naturally suggested a minute investigation into the nature of the materials employed, and also their immediate and remote influence on the parts to which they were applied. A brief investigation, a few experiments, and by attentive consideration of the subject, induced me to attribute all the conferred advantages to the effects produced by the water, and to reject the cotton, as nearly, if not entirely, useless. It even appeared that after the water had evaporated, the retained dry cotton became an additional impediment to the function of hearing. What was to be done? What were the indications which such facts seemed to establish? Evidently the use of some

agent, which, by offering a successful resistance to evaporation, should retain its moisture, and continue to lubricate the auditory canal. Clearly enough it was from the moisture that the benefit was obtained, and from a continuance of the moisture was the advantage to be prolonged. On duly considering all that I had observed, it appeared to me that *glycerine* was the only agent which was at all likely to accomplish the object I had in view. After consulting with Lloyd Bullock, of Conduit street, relative to the composition and properties of glycerine, my opinion as to the propriety of giving it a trial was confirmed; and Mr. Bullock kindly manufactured for me a small quantity of that preparation in its purest form. This portion I obtained from Mr. Bullock in the first week of August, 1848. and employed it immediately in several cases, with apparently the most complete success. One of the patients, aged 19 years, was a relative of Mr. Braithwaite, the celebrated engineer. In this instance, the deafness had existed from infancy. They were the first I had treated with the new agent. In all these patients the wetted cotton had failed to produce a lasting benefit. Two of the four patients are now completely cured; and the other two are so far recovered as only to find it necessary to resort to the glycerine at distant intervals. The success of the new remedy, in these and many other instances, has attracted much notice; and I have now used the glycerine in upwards of three hundred cases of deafness. On many occasions it has been employed without any advantage whatever. In other instances the benefit was considerable for a short time, and then disappeared. In numerous cases, however, by the use of it, the power of hearing has been completely restored. It was only after much experience in the application of glycerine, and from observing its action in a great number of cases, that it could be ascertained what were those conditions of the ear in which it was most likely to prove of advantage. Contrary to what might have been anticipated, the use of the remedy was successful in persons in whom the deafness had been of many years' duration—one, for example, thirty years; and also in cases where the existence of the malady could be traced to the eruptive fevers of childhood. In instances of deafness caused by inflammation, followed first by suppuration, and then by a horny, dry condition of the auditory canal, the application of glycerine has been attended with signal advantage. Equally marked and peculiar is the success when it is used in cases where there is a partial or total absence of ceruminous secretion. In many instances of deafness belonging to these classes of cases, the employment of glycerine has been followed by a perfect restoration of the power of hearing. In other examples of deafness, where the membrana tympana had evidently become thickened and hardened, and on examination with the speculum, denoted a whitish or pearly appearance, the use of the glycerine was followed by strikingly beneficial and gratifying effects.

It is evident, therefore, that the application of glycerine is equally admissible, whether the tympanum be in a sound state, or whether it has been destroyed by ulceration.

A description of the composition and properties of glycerine, abridged from Turner's "Elements of Chemistry," may not be uninteresting on this occasion.

Glycerine was discovered by Scheele, and Chevreul proved its exact composition and constitution. Its formula is, $C_6 H_7 O_5$ aq. It is found in fatty oils combined with oleic, stearic, and margaric acids; its specific gravity is 1.252. Glycerine is a syrupy liquid, miscible both with alcohol and water, insoluble in either, slightly inflammable, inodorous, and of a sweet taste.

The most convenient mode of preparing it is by the saponification of olive oil, by means of litharge and a little water. Sulphuric acid will separate the oily matters, leaving an aqueous solution containing the alkaline salt along with the glycerine. The mixture is evaporated to dryness, and treated with alcohol, which again dissolves the glycerine, and leaves the alkaline sulphate undissolved. The glycerine may be purified from oxide of lead, by passing through it a current of sulphuretted hydrogen—*London Lancet*.

"EXTRODUCTION" OF THE BOUGIE FOR STRICTURE.—By Prof. Brainard. Prof. Brainard, in the N. W. Med. and Sur. Journal, gives the history of a case where the patient had suffered for eleven years from stricture of the urethra following gonorrhœa; retention of urine had almost become perfect; the patient complained of great pain and a constant desire to void urine, without the ability to pass only a few drops at a time. Various careful but ineffectual attempts were made to pass the bougie, the bladder had risen several inches above the pubis nearly to the umbilicus. The bladder was now punctured above the pubis with the long curved trochar and the stylet withdrawn. As soon after the operation as the state of the parts would admit, long and persevering attempts to pass the bougie were made, but without success. Near the posterior extremity of the spongy portion of the urethra was a knotty projection, beyond which the instrument would not pass. The thought now occurred to Dr. B., that the prostatic and membranous portion of the urethra could be explored by means of an instrument passed into the bladder through the opening made by the puncture, and still occupied by the canula. The attempt was made by means of a small-sized bougie rendered firm by means of a stiff wire bent to form the segment of a circle. Very little difficulty was met with in the attempt to pass it. By a very little exertion the point of the instrument was brought to within two inches of the orifice of the urethra and then seized by means of a pair of forceps, the wire was withdrawn and the open end of the bougie passed into the bladder.

The instrument was allowed to remain three days when it was withdrawn and a larger one substituted. Larger instruments were used from time to time until one above the medium size passed without the least difficulty. One month after the first operation the cure was nearly complete. The following practical deductions are drawn by Dr. B., from this case.

1st. The puncture of the bladder above the pubis, if care be taken to prevent infiltration of urine, is a slight operation, and should not be deferred till extreme distention takes place. In further proof of this, we would refer to a case published not long since in the Buffalo Medical Journal, by our friend Dr. J. P. White, of that city. In that case a puncture of the kind served as a substitute for a urethra for a long time with but trifling inconvenience.

2d. This puncture may be made useful in catheterism. For this operation of passing a catheter forwards, which so far as we are aware, has not been done before, a friend has suggested the name of *Extroduction*. It may be performed with a properly curved instrument very readily, and if difficulties should occur, they may be obviated by passing the finger into the rectum. If the cases in which it is likely to be useful are rare, they are extremely urgent, and when they occur this operation may prove a valuable means of relief.—*N. Y. Jour. Med.*

NURSES' SORE MOUTH.—*By J. Yale Ware, M. D.* This is a very troublesome complaint of mothers, and one that is rapidly increasing in this section. An infallible remedy, when it does not purge the bowels, is Griffiths Myrrh Mixture, in table-spoonful doses three times a day, internally, and a solution of nitrate of silver, gr. viii to 3 iv of pure water, for a gargle; and if the soreness extends towards the stomach, swallow a tea-spoonful three times a day. Of course, if need be, the stomach should be cleansed by a light emetic or gentle laxative, antecedent to the above treatment. I believe, if perseveringly used in season, very few mothers need wean their children from this cause; indeed, I have never known it fail to relieve the mouth.—*Amer. Jour. Med. Sci.*

APHTHA.—*By J. Yale Ware, M. D., Mass.* The following simple prescription has proved a specific in my hands in many hundred cases of aphtha. I learned it of Dr. Eli Ives, New Haven. R. Ipecac. gr. vi; tinct. opii; ess. pep., aa gtt. iv; boiling water xiv teaspoonfuls. Sweeten with loaf sugar. Dose, a teaspoonful every two hours. At the same time apply to the tongue equal parts of a powder of borax and loaf sugar, which the child will carry over the mouth. I have never known the above to fail in any case of infants' sore mouth. It generally cures in two days. Occasionally, in delicate subjects, the disease returns again, when the remedy needs repeating.

Part 4.---Editorial.

HOMŒOPATHY.

The fact that a great majority of our readers are unacquainted with this system of Medical Reform, and have not tested its merits in their own practice, renders it desirable that we should occupy a portion of our pages in showing its results and its comparative success in practice. These facts we present as the credentials of the system, showing its claims to a courteous recognition and investigation, as a portion of medical science. In addition to these, we propose to introduce, from time to time, sketches of the Homœopathic doctrines and modes of practice, with a view to encourage the study of Homœopathic books, and the trial of Homœopathic remedies.

Homœopathy (strictly speaking) means not the use of infinitesimally small doses, but the selection of a remedy which bears the proper specific relation to the disease, and acts properly and especially upon the morbid organs. Homœopathy lays down an important method of ascertaining which is the specific medicine, by experiments upon persons in health. This proceeding is strictly philosophical, and in many cases it leads to the adoption of remedies for certain diseases, which have long been known to be valuable in such cases. There has been in truth, a great deal of Homœopathic practice in all schools long anterior to the time of Hahnemann, but the philosophical principle upon which it was based, was not known until developed by him. Much of our current Eclectic practice is Homœopathic, (i. e. the remedy has the Homœopathic relation to the disease) although the doses are not of the attenuated character of those commonly used by the followers of Hahnemann.

It is true that the great majority of those who practice Homœopathically also practice infinitesimally, but there are many Homœopathic practitioners who do not rely exclusively upon these attenuations and dilutions, but use their remedies in sensible doses when they think proper.

If we discover by critical investigation the truth of the Homœopathic law which determines the selection of remedies, (that the remedy should be a medicine capable, when excessively used, of producing symptoms similar to those of the patient's disease,) we need not be deterred from regarding that law in our prescriptions, by the fact that we are not devoted followers of Hahnemann. The experience of Homœopathic physicians will also teach us the practicability of reducing our doses with advantage whenever our remedy sustains the proper specific relation to the disease, and will give us confidence in these reduced doses.

Thus will medical men generally profit by the instructive examples of Homœopathy—while Homœopaths themselves, enlarging their resources as many are now doing—employing more potent doses when necessary, and profiting by all the knowledge of other schools of medicine, we shall find the sectarianism of medicine disappear, and a truly learned and liberal profession will take the place of the bigoted and narrow-minded factions, which at the present time war against the propagation of the *whole truth*, and the knowledge of *all science*.—B.

MEDICAL CONTROVERSIES.

“The New York Journal of Homœopathy, (Dr. Kirby, editor,) has contained an ungenerous assault upon the Eclectic Medical Institute and its Homœopathic professorship. This rather disgusted the more liberal Homœopaths, for Homœopathy like other sciences has its liberals and its old Hunkers. Dr. Richmond has published a satirical reply, in which he is rather severe upon Dr. Kirby.

In defence and explanation of our position, we have addressed a communication to the Journal, which Dr. K. has politely published. The only material remark he makes in reply is the statement that the Homœopathic text books, recommended in our circular, are such as would impart not a *pure Homœopathy*, but such doctrines as would suit the Eclectic or “Rational Homœopathists.” We are happy to recognize the existence of Eclectic or “Rational Homœopathists,” and hope there may be an ample supply of medical literature from the pens of such writers, for we admire their liberal and philosophical spirit.

B.

THE HOSPITAL MONOPOLY—is giving way before an enlightened public opinion. The Faculty of the Ohio Medical College have recently adopted a resolution requesting the Trustees of the Commercial Hospital, to issue a Hospital ticket, which might be accessible to individuals not connected with the Ohio Medical College. We have not yet had any official announcement of the new regulation, but presume that the price of the Hospital ticket will be fixed at the usual rate of five dollars.—B.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.—We would again urge upon Eclectic physicians, the importance of attending the next meeting of the National Eclectic Medical Association, on the first Monday of November, 1849, and of bringing with them as full statistics as possible of their practice, according to the form recommended by the Association. The cholera has totally disappeared, and its ravages have already been almost forgotten by our busy population, who are now enjoying a season of health. We hope to hear from various sources, the results of Eclectic treatment of the late epidemic, in contrast with those of the Allopathic old school practice.—B.

PLANTAGO CORDATA.—An important error has occurred through inadvertency, in the remarks upon Cholera, page 439 of this number. Instead of the *Plantago Major*, or common water plantain, as given in the remarks of Dr. Hunt, it should have been the **PLANTAGO CORDATA**—which was also referred to in a previous number by Dr. Morrow, as valuable in cases of cholera.—B.

MEDICAL INTELLIGENCE.—Dr. Shotwell has been transferred to Dr. Harrison's chair of *Materia Medica*. The Faculty of the Ohio Medical College consists, at this time, of Professors Drake, Muzzy, Locke, Shotwell, Bayless, Wright, and Lawson.

In the Louisville Medical Institute, the Professors at present, are Drs. Gross, Bartlett, Cobb, Silliman, Miller, Rogers, and Yandell.

Dr. S. Hanbury Smith, of this city, has been appointed to the chair of Practice in the school at Columbus, to fill the place of the late Dr. Butterworth.

THE ECLECTIC MEDICAL JOURNAL.

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[No. 11.]

Part 1.---Miscellaneous Selections.

EXTERNAL USE OF CHLOROFORM IN LUMBAGO.

In the *Gazette des Hopitaux*, of October, 1848, it was announced that Dr. Moreau, of Tours, had discovered that chloroform, applied to the skin over the seat of the disease, had proved very efficacious in the treatment of lumbago.

Numerous experiments made since that time, both in France and elsewhere, with this most astonishing agent, have very conclusively established the efficacy of its external use, not only in lumbago, but in numerous other nervous diseases. No later ago than yesterday, a professional friend, of this city, related to me a case of the most distressing facial neuralgia, which had been immediately and permanently relieved by a single application of chloroform. The same gentleman has used it with equal success in neuralgic pains in other parts of the body. I have myself used it with entire success in two cases of the most intolerable ear-ache.

A brief account of some of the cures reported by Dr. Moreau, may prove interesting:

1. Lapeniere, epileptic, aged 19 years, of lymphatic temperament, was seized about three weeks ago for the first time, with lively pains in the loins. The pains soon became intolerable, and even extended into the left thigh. A large piece of batting, moistened with chloroform, was applied *loco dolenti*. The pain disappeared entirely in the course of twenty-five minutes, and has not since reappeared.

2. A man, aged 59 years, who had suffered from repeated attacks of articular rheumatism, was suddenly seized, on the evening of the 21st ult., with a most violent lumbago. The pain was felt principally in the left loin and hip. The least change of position or movement produced the most excruciating suffering; difficulty of respiration excessive; chilliness, general perspiration; considerable febrile reaction; tongue loaded. On the morning of the next day,

chloroform was applied in the usual manner. Relief obtained in twenty or thirty minutes.

The above cases are very similar to those which were reported in a preceding number of the *Gazette*. The third case, the termination of which is equally satisfactory, is of greater value than either of the others, from the fact that the pains to which the patient was very subject, almost invariably lasted from fifteen days to a month. Under the use of chloroform, he was completely relieved of them in three days.

3. M. Trubin, of robust habit, but subject for many years past to rheumatismal pains, the seat of which was especially in the region of the kidneys, was seized with one of these pains, which was very intense, and occupied the right lumbar region, from whence it reached to the hip and thigh of the same side. The slightest movement augmented it very greatly; the patient walked with great difficulty, dragging his leg. Pressure produced no pain at any point. Twenty-four hours after the appearance of the disease, chloroform was applied over the seat of the pain. Its usual effects were produced. The patient experienced a smarting sensation, and the skin reddened. In the evening a very sensible amelioration had occurred. The next day the pain had disappeared; there only remained a feeling of numbness and weight in the regions which the evening before had been painful. The next day, the third from the first application of the chloroform, the cure was complete. The skin desquamated over the points touched by the chloroform.

We may here make a remark which is of some importance in a therapeutical point of view. It is necessary to act promptly and with vigor; this is the price of success. The more recent the lumbago the greater are the chances of cure. It is equally important not to be sparing with the chloroform. M. Moreau seldom employs less than from one to two ounces; and he also contrives that the batting shall cover as nearly as possible the whole of the painful part. After the application of the chloroform, the patient must be put to bed, and covered in such a way as to protect him almost entirely from the action of the anæsthetic vapors. The unsatisfactory result of the following case may, we believe, be attributed to the quantity of chloroform employed being too small.

4. Ardan, aged 30 years, had never suffered pains of any description, until on the 25th of October, when he was suddenly seized with intense pains in the loins; he was bent double, without power to straighten himself; the pain was felt most between the shoulders. On the morning of the 28th, an application was made along the course of the vertebral column, of batting, upon which had been poured at most about 50 drops of chloroform, and which was allowed to remain only about ten minutes—M. Moreau wishing to avoid producing vesication, which had occurred in a case that we will presently report. The pain was almost instantly calmed,

but it reappeared in the evening, though less distressing than it was in the morning. The patient, moreover, complained of excessive heat in the part with which the chloroform had been in contact. The next day the pains were very slight, but they did not entirely disappear until two days later.

The rapidity with which the pain yields has always appeared to be in proportion to the extent of the injury done the skin, and that a slight and partial vesication, disseminated here and there, has been produced. The contrary is the case when the chloroform has only determined a more or less vivid redness. In the following case there was complete vesication and very rapid recovery :

5. Favier, aged 55 years, has suffered towards autumn, for many years, with rheumatismal pains, sometimes articular, sometimes muscular, of which the mean duration was from six weeks to two months. The patient remembers to have had his first attack of lumbago at the age of eighteen years. The vague and sometimes very acute pains that he feels in different parts of the body, alternate ordinarily with violent pains in the head.

On the 3d of November, attacked with lumbago, the intensity of which rapidly increased, and prevented all motion. On the 11th, chloroform was applied in the usual manner. Favier first complained of an icy coldness in the part to which the chloroform had been applied ; then soon after a sharp and growing heat, which he compared to that of a red iron. The apparatus was removed at the expiration of twenty minutes, when the skin was of a crimson red. The pains had disappeared as if by enchantment. The next day the patient got up, walked about, went up and down stairs without exciting any pain. The chloroform, in this instance, produced a true vesication ; the epidermis was raised and filled with serum. Four days after, the patient still felt in the parts a sensation of heat and numbness.

The curative action of chloroform is not always equally prompt and instantaneous. This, however, is only the exception to the rule, for in two cases only out of seven was it necessary to renew, after a considerable interval, the application of the remedy.

6. B. has been subject, for three or four years past, to rheumatismal pains, which, two or three times a year, manifest themselves in the left shoulder. These pains appeared in the early part of December ; it was impossible for B. to move his arm without crying out ; the pain extended to the finger points. Blisters and cups were applied without affording any relief. The diseased shoulder was then enveloped in bathing saturated with chloroform ; the pains yielded, but slowly ; nevertheless, B. was able to resume his work the same day. The next day the pains reappeared ; another application of the chloroform overcame them in less than thirty minutes.

7. M. Malson, director of the hospital, has been subject to lumbago for a great number of years.

On the 13th of December, an intense pain arose in the lower part of the loins; it was continuous, with frequent twitchings; the slightest movements were impossible; the patient was obliged to keep his bed. Frictions, with a complicated liniment, sinapisms, and injections of turpentine were of no avail. On the 16th, chloroform (about one ounce and a half) was employed. To a sensation of burning, which was easily borne, succeeded a quiet, agreeable heat. At the end of eight or ten minutes, the patient was able to turn himself in bed without exciting any pain. The chloroform not appearing to act with its customary energy, the bathing was allowed to remain for half an hour. In the evening the patient got up, dressed himself, walked about in his chamber, and to his office, without experiencing anything save a slight pricking sensation in the loins, similar to that produced by the application of sinapisms. About six o'clock, however, the pains returned, though much less intense than at first, dull, and without anything twitching or shooting in their character. The night was passed in this condition, and on the morning of the next day, the pains had assumed a certain violence. Chloroform reapplied. The skin scarcely presented the redness produced by a slight sinapism, when, in an instant, as was the case in the first instance, all pain ceased, and the patient was repossessed with entire freedom of motion. The next day the patient felt a certain stiffness in the loins, numbness, etc. The same day he set out for Paris in a carriage, remained absent for many days; no suffering has been felt since. The last consideration that I shall offer upon this subject relates to a neuralgic affection other than lumbago. M. Moreau employed chloroform in a single case of sciatica and failed. He has, nevertheless, communicated the outlines of the case, which contain certain peculiarities of a nature to induce us to believe that chloroform was not entirely innocent of the cure which was obtained in less than twelve days.

8. Madame F., a woman employed in the hospital, had suffered for some days with a very acute sciatic pain. The disease had commenced by a lumbago, induced in consequence of a strain. The first application of chloroform only very slightly allayed the pains; the second produced no effect whatever; nevertheless, the liquid had produced a large erythematous patch upon the skin. The next day the hip and the superior part of the thigh were covered by a large blister, the surface of which, after the removal of the epidermis, was touched at different points with the bathing saturated with chloroform; a little while after this the pains had disappeared. In the night, the pains shot about anew. The next day the patient got up and walked about. It was still, however, not until seven or eight days later that she was completely relieved and able to resume her work.

The mechanism of the action of chloroform, used in this way, appears to be this:—There is first rubefaction, and then revulsion

produced by this rubefaction of the skin; afterwards, absorption and direct action of the anæsthetic upon the muscular and tegumentary extremities of the nerves.

D. W. Y.

—*West. Jour. Med.*

ETHERIZATION IN LABOR.

BY JOSEPH PARRISH, M. D., BURLINGTON, N. J.

The use of anæsthetic agents in parturition, claiming general interest in the profession at this time, we hereby offer our testimony in its favor, after repeated trials, and give in evidence the following case:—Was called to see a young female in her first labor, and informed that she had been suffering considerable pain for twelve hours, and that she had, from feelings of delicacy, refused to have me sent for at an earlier period. An examination per vaginam revealed a rigid os uteri, but slightly dilated, and unyielding to pressure; the vaginal muscles were considerably contracted, and seemed to resist the entrance of the finger. The membranes had been ruptured, and the waters discharged. I anticipated a tedious and protracted labor, and betook myself to an easy chair and book, determined to propose the use of ether, after seeing my patient suffer two or three more pains. In about half an hour, she told me that a neighbor to whom I had administered the ether, in a recent labor, had urged her to have it, if she should experience any difficulty. But the mother objected; the nurse had read numerous newspaper stories of its fatal effects, and would not take it for the world. A kind friend who was present, would be very sorry to interfere to the detriment of the patient, but her advice was to take the "safe side," and to go on in the "old-fashioned way." As the young lady was entirely unacquainted with the "old-fashioned way," I explained to her that she would experience an increase of her sufferings, and probably not be relieved for many hours, and that I believed she would be on the "safe side" if she would inhale the ether, as my experience with it had all been in its favor. She insisted on proceeding with the inhalation. I had with me about four ounces. She soon began to be affected by it, and at first produced a sort of hysterical laughter that was uncontrollable. She would cry, and talk about her being foolish, and losing her reason; sometimes she would cry out that she was on her way to happiness, and was hastening to paradise, &c. Of course this was supposed to be reality, and they would have withheld the sponge, had they been able to extricate it from the grasp of the patient. As soon as the sponge became a little dry, she would call for more ether, and it was given to her freely. In about twenty minutes she experienced its anæsthetic effect, and the labor progressed rapidly. The

secretions from the vaginal walls became much more abundant, and the head presented at the inferior strait, without much difficulty. Here there was some obstruction, the head was large, and the diameters of the strait rather contracted. I determined to apply the forceps and reduce the diameters of the head. In a few minutes they were adjusted, and the delivery was accomplished. The placenta was taken away, the roller applied to the abdomen, and the patient turned upon her side—she as yet made no remark about her situation. Everything being now accomplished, I went to her bed side, and aroused her. She asked how she was getting on. She was told that her labor was done, and her baby born. She could not realize it. She did not believe it, till the infant was presented to her. She assured me that she was entirely unconscious of the application of forceps, though she had an indistinct idea of suffering. She knew she was in labor, and felt that she was making an effort, but she experienced no pain. She did well afterwards, and had a speedy recovery. On the tenth day she was sitting up, and has stoutly arrayed herself among the advocates of etherization.

CASE OF DIFFICULT LABOR.—Was requested about 10 o'clock, on the evening of the 14th inst., to wait upon a young female in labor with her first child. Found a tall, muscular woman, complaining of frequent sharp pains in the "small of the back," attended with considerable bearing-down effort, which she had suffered since noon. On examination, found the os uteri dilated to about the size of a shilling piece, and as her pains seemed gradually to increase, I concluded to remain in the house, and retired to bed, expecting to be called in a few hours. Early in the morning I rose, and found my patient quite comfortable. She had slept but little, and suffered but little. I left her, and called again about noon on the 15th; learned that her pains had not increased, but that there was a slight "show." In the evening was requested to see her again. The os uteri was dilated to the size of a half dollar, and the pains quite developed. The rigidity of the soft parts, and the evacuation of the waters which had already occurred, gave promise of a tedious effort. Having received while here, a call to another parturient female two miles distant, I concluded that I might obey the call, and return in time to be of service to my first case. At 11 o'clock, P. M., I left her, and found patient No. 2 in the first stage of labor, the membranes entire, and the pains going on as well as could be desired. I was back in an hour and a half to No. 1, and found her in the same condition, making but little progress; left her the second time, and delivered No. 2 of a fine healthy boy, after about an hour's labor, and returned again to my first patient; her pains by this time had increased in violence, and the head was passing slowly from the uterus. I had already suggested the use of ether, but was refused; the rigidity of the perinæum was yet so decided, that it was proposed again to employ ether, but the

mother was unwilling, and the husband was afraid. It was not used. The labor went on, and the strength of the patient was rapidly failing; the pulse was feeble, and she could not make the effort which the pains required. Hodge's long forceps were applied, and a strong cord attached to the handles, so that by the successive turns of the cord upon them, the blades were drawn together, thus compressing the child's head, and shortening its lateral diameter; considerable traction effort was necessary in order to overcome the resistance of the perineal muscles, but by slowly and cautiously continuing the effort, the labor was accomplished, and a large female child was born about 6 o'clock on the morning of the 16th; notwithstanding the patient had been in labor since noon on the 14th, and the waters had been early discharged, thus allowing of a greater degree of compression upon the child, it was living, and is now perfectly healthy. The following measurements will indicate its size. Its length was $24\frac{1}{2}$ inches, from the crown of the head to the foot; across the head from ear to ear, the distance was $7\frac{1}{2}$ inches; and around the forehead and occiput, $12\frac{1}{2}$ inches.

The mother, however, was in an alarming condition. I had directed that she should not be moved from the position in which she was left after delivery, until my next visit, as she was extremely feeble. In about four hours I saw her again; some officious neighbor had moved her up in bed; the hemorrhage was increased, and the extreme exhaustion which she suffered, threatened speedy dissolution. The pulse was small, thready, and beating 150 in a minute; the cheeks and extremities were cold; the abdomen distended, tympanitic, and painful; the countenance pale, and the voice tremulous and indistinct; external stimulants were immediately resorted to, and quinine and brandy given freely by the mouth. Two grains of quinine, and a desert spoonful of brandy were administered every hour, with animal broth, for twenty hours successively, before there was any marked improvement; then the pulse began to increase in volume, and diminish in frequency; the cheeks grew warmer; the countenance assumed a more natural expression, but the abdominal distention continued, with a tendency to syncope, so that a steady perseverance in stimulating and tonic remedies, with supporting diet, was necessary in order to ensure convalescence. The alarming symptoms have now subsided entirely, and she is rapidly getting well.

How far the history of the two cases reported may correspond, and how far they may be considered as fair examples of the use and non-use of ether, it is left to the reader to decide. The child in the last case is much the larger of the two, the mother has a more ample pelvis, she is a larger woman, bone and muscle well developed, and of mature age. The first case is an unmarried female not yet 18 years old, a short, compact person. Both required the use of forceps; the waters had escaped early in both, the soft parts

were rigid, and the os uteri in each scarcely dilatable. The one was delivered without pain, recovered speedily, and had not a single unfavorable symptom; the other had a tedious labor, suffered all a woman could suffer under such circumstances, came near losing her life after the birth, and will require a longer time for recovery. —*New Jersey Medical Reporter.*

PATHOLOGY AND PRACTICAL MEDICINE.

Statistics of Pulmonary Consumption, by Prof. WALSH. The following summary of important results is found appended to an elaborate report, derived from the records of the Hospital for Consumption, London, and contained in the Med. Chir. Rev. for January last:

1. There apparently exists a greater proneness to early marriage among phthisical, than non-phthisical persons; this greater proneness exists in both sexes, and, in the cases analyzed, prevailed to the same amount in males and females.

2. Of a given mass of patients entering the hospital in all stages of the disease, and in every variety of general condition—between the actually moribund state and that of but slight constitutional suffering—the number leaving it, on the one hand, *improved* or *unadvanced* was more than double that, on the other hand, leaving in *a worse state* or *dying within its walls* (the exact ratio is 67.84 : 32.16.) If the cases, in which death was actually imminent at the period of admission, were excluded, the result would be very materially more favorable than this.

3. In 4.26 per cent. of the cases, complete restoration to health, not only as regards apparent disturbance of the functions generally, but as regards local evidence of active pulmonary disease was effected.

4. Complete removal of symptoms was more frequently effected in the male than in the female: but, on the other hand, the results were, on the whole, slightly more favorable in the latter than in the former sex.

All patients whose condition grew worse, while they were in the hospital, had reached the stage of excavation before their admission; and all patients, whose tubercles were yet unsoftened on admission, left the hospital either improved, or having had a *statu quo* condition kept up.

Improvement is more probable than the reverse, even where excavation exists on admission.

6. In a given mass of cases, the chances of favorable influence from sojourn in the hospital will be greater, in a certain (undetermined) ratio, as the duration of the disease previous to the admission has been greater,—in other terms, natural tendency to a slow course is a more important element of success in the treatment

of the disease, than the fact of that treatment having been undertaken at an early period.

7. The mean length of stay in the hospital in the most favorable class of cases, nearly doubled that in the least favorable.

The chances of benefit are more in favor of those whose trades are pursued out of doors (wholly or partially,) than of those who work altogether within doors.

9 The results did not appear to be influenced by the laborious or or non-laborious character of the trade individuals might have pursued.

10. The age of the sufferers did not exercise any very material influence on the character of the results.

11. Patients coming from the country have, on an average, a slightly stronger chance of improvement, than the residents of London and the suburbs.

12. Patients admitted during the warmer half of the year, benefit by a sojourn at Brompton, to a slight extent, more than those received during the six colder months.

14. If no distinction of sex be made, it appears that the softening point is attained with no very unequal rapidity in the right and the left lung; but such difference as exists signifies that softening is, on an average, more quickly accomplished on the left side than on the right.

15. But the law seems very clearly to differ in the two sexes in regard to this point: the disease is more rapidly evolved in the right lung of males, and in the left of females.

16. Age exercises some influence over the course of the disease in the two sexes; the excess of frequency with which the right lung had reached the second and third stages was within 2 per 100, the same before and after the age of 30: whereas in females the excess of frequency with which the left lung was found in those stages was about 45 per 100 greater, after, than before, that age.

17. Hæmoptysis is a symptom of extreme frequency,—occurring in about 81 per 100 of the cases.

18. It was of very slightly (2 per 100) more frequent occurrence in males than females.

19. Hæmoptysis to a medium amount is about four times less common than to very slight or to profuse amounts (both taken together.) Very profuse hemorrhage from the lungs is more common in males than females.

20. Medium frequency of recurrence of hæmoptysis is materially less common (and this in both sexes) than a single, or than repeated attacks. Further, repetition of hæmoptysis is more common in males than in females.

21. It is materially more common for a first hemorrhage to be more profuse than subsequent ones, than for subsequent ones to be more profuse than the first.

22. Hæmoptysis is more frequently met with (and this is independently of any influence of duration of the disease) in persons who have reached the second and third stages, than in those whose lungs have not yet softened. This proposition is more markedly true of males than of females.

23. There does not appear to be any notably greater tendency to hæmoptysis, where the right lung has reached a more advanced stage than the left, nor vice versa, where the left has taken the lead. It seems improbable that either lung is more effective in causing hæmoptysis than its fellow.

24. The frequency of hæmoptysis increases with advancing years in both sexes. The increase is more abrupt in females than in males, and in the former appears connected with the catamenial function.

25. This greater frequency of hæmoptysis in persons of more advanced years, does not depend altogether on greater duration of the disease; for those who had had hæmoptysis, had been phthisical for only a mean period of eight months longer than those who had not spit blood.

26. The most common periods for the occurrence of hæmoptysis, were, at the very outset, or after the expiration of the first month, unless it has actually appeared as the first, or among the first symptoms. The phrase "first symptom" here, is to be understood with the qualification already explained.

27. In upwards of half the cases of notable hemorrhage (beyond 4 oz.) this occurs, or has occurred, as the "first symptom," corroborating the inference as to the excess of amount of first over subsequent hemorrhages.

28. Hemorrhage of this amount is rare as a coexistence with other first symptoms (in 1.13 of these cases) appreciable by the patient.

29. Streaked or tinged sputa are, on the contrary, of very common appearance amongst the earliest symptoms.

30. But streaked or tinged sputa are rarely (or never) the "first symptom" singly and alone.

31. Season does not appear to exercise any marked influence on the occurrence of a first hemorrhagic attack.

32. Hæmoptysis never appeared as the *bona fide* first symptom in these cases, the phrase being understood in its absolute sense without qualification.

33. Pulmonary apoplexy is not the cause of phthisical hæmoptysis; the coexistence of pulmonary apoplexy and tubercles in a person who has had hæmoptysis, more or less recently before death, is at the least very rare. The common cause of hæmoptysis in tuberculous persons, is intense congestion ending in molecular ruptures.

34. Expectoration of blood in persons laboring under chronic

bronchitis, with or without emphysema, but without notable disease of the heart, justifies in itself a suspicion of the existence of latent tubercles.

35. A given mass of cases of cancer of the lung will be attended nearly as often with hæmoptysis of all amounts, and greatly more often with hæmoptysis above an ounce at a time, than an equal mass of cases of phthisis. But cancerous disease of the lung is, comparatively speaking, so rare, that this proposition does not materially affect the diagnostic value of hæmoptysis in phthisis. Besides, the distinction of the diseases is, clinically, easy.

36. Not only does chronic empyema not give rise in itself to hæmoptysis, but empyema, established in a phthisical person, appears to a certain extent prophylactic against the hæmoptysis which is almost an appanage of the latter disease.

37. I have never once seen cardiac disease, of such kind as to cause hæmoptysis, coexistent with *phthisis*, using the term in its practical sense; but in a fair number of instances I have seen advanced cardiac disease in persons whose lungs contained *crude tubercles and gray granulations*, which had been completely, or almost completely *latent*.

38. Contrary to common belief, it may be affirmed, that when the *nisus hæmorrhagicus* in women menstruating imperfectly, directs itself to the lung, and leads to the evacuation by that organ, of a quantity of blood, amounting to or exceeding an ounce, here is motive for suspecting the existence of tubercles.

39. All these propositions tend to exhibit in strong light the diagnostic signification of hæmoptysis *quoad tubercle*; but it is to be remembered that they will only hold completely true, if applied to *latent* as well as *obvious* tuberculization.

40. The diagnostic importance of hæmoptysis as a symptom of tuberculization of the lungs is, indeed, extreme,—even sputa, simply streaked or tinged with blood, are not without significance under certain circumstances.

41. Hæmoptysis is rarely “directly” fatal; more frequently so in males than in females.

42. Frequently-recurring hæmoptysis does not reduce the mean duration of life in any given mass of tuberculous cases.

43. A first hæmoptysis having been severe, it is unlikely that a subsequent one will kill “directly;” and a first hæmorrhage being moderate, subsequent ones are not likely to be severe.

44. The prognosis of hæmoptysis is materially more unfavorable in males than in females.

AMERICAN MEDICAL EDUCATION SOCIETY AND THE CLERGY.

To the Editor of the Boston Medical and Surgical Journal:

DEAR SIR.—In your Journal of the 8th inst., some anonymous medical correspondent makes many anxious inquiries respecting the above named association, of which the subscriber is the Secretary and humble servant, and “reports himself from 25 Cornhill, Boston.” Though it may seem uncalled-for to notice an article which the writer had not confidence to acknowledge by his signature, yet as there is no good reason why any portion of the community, especially the medical profession, should remain in the dark upon this subject, a few paragraphs will be given in reply.

The principal object of the Society, as the gentleman is aware, is to provide the public with a class of women, termed, in good scripture phrase, *Midwives*, who shall be qualified by instruction and practice, as they eminently are by nature, to pursue the very feminine vocation of waiting upon ladies in their confinement. That the object is desirable, no one will deny; that it is practicable, all past history, and the present practice in other countries, and to some extent in our own, and in this city, conclusively prove. The formidable difficulties which the gentleman suggests, to frighten timid people, are frequent, as he states, under the *present* system, by which they are mostly occasioned, and they are strong reasons for restoring the more natural and safe administration of these affairs. To effect this, the Society proposes to establish, in Boston, an Institution for instruction, with an accompanying Maternity Hospital for practice, and for the accommodation of charity patients. A beginning has been made, by the instruction of twenty women, with such facilities as could be commanded without funds; and they have attended before and during, but mostly since taking lectures, over two hundred cases, and with the best of success.

The Society numbers above five hundred members, all good men and true; most of them heads of families, who naturally and rightfully feel an interest in this subject, which is well worthy of the attention, not only of the husband and parent, but of the philanthropist and the legislator. Among numerous other well known citizens, who have given the weight of their influence by connecting themselves with the Society, are the Hon. Horace Mann, Charles Francis Adams, George B. Emerson, Jonathan I. Bowditch, Hon. Nathaniel Silsbee, N. Silsbee, jr., (Mayor of Salem,) Jonas Chickering, James Cheever, Timothy Gilbert, Francis Jackson, and between forty and fifty clergymen of the different denominations. As to the management of the Society's affairs, the annual appointment of its officers, the “Secretary's salary,” &c., perhaps the

inquirer will trust that matter to the good judgment of its somewhat numerous members.

Your correspondent is out, sharp as a lancet, against certain Doctors of Divinity, and others of the clergy, who have had the temerity to give their influence to this movement, and that, too, after having received *gratuitous services* from physicians. That clergymen have given the Society their influence, notwithstanding this feeling of obligation, shows their strong conviction of the importance of the object, and that they regard the general good more than the interest of their medical friends. So far from having meddled with that which does not concern them, clergymen have never done an act more in accordance with the precedents and precepts and spirit of scripture, and the dictates of humanity and propriety. Indeed, they should *all* feel it their imperative *duty* to aid, by their *influence* and *example*, in restoring this office to women, to whom it "naturally and legitimately" belongs.

This movement has nothing to do with schools of *medicine*, but as to this matter of *gratuitous services*, and ingratitude in encouraging medical heresies, it has been for some time a subject of discussion and complaint, and resolutions have been brought forward; but no medical association, in council assembled, has as yet been willing to entertain, for a moment, the idea of giving up the privilege of attending *gratis* in clergymen's families, well knowing that the patronage of the pastor aids in securing that of his society. And, after thus *seeking* this patronage and its benefits, it is neither polite nor wise in physicians to accuse clergymen of ingratitude, when they happen to interest themselves in the physical welfare of the community, or prefer to use cold water or other domestic remedies, or homœopathy, or even to patronize a female *accoucheur*. The sooner the clerical profession discard these obligating gratuities, and relieve themselves from the condition and feeling of beneficiaries, the better, both for them and their hearers, who could then well afford to increase their salaries by adding the amount of their physicians' fees! And, moreover, two so influential professions should not be too strongly bound together. Checks and balances are important in the social, as in the natural, and in the political world!

The writer does not believe that your correspondent expresses the sentiments of the profession generally, but that the majority of them possess sufficient magnanimity and disinterested regard for the public good, to wish well at least to this enterprise, though they may not feel at liberty to give it their *active* support.

Very respectfully yours,

SAMUEL GREGORY.

Boston, Aug. 28, 1849.

[*Boston M. & S. Journal.*]

ARTERIAL COMPRESSION AS AN ANTIPHLOGISTIC.—Dr. Henroz de Marche has published a work on the value of compressing the brachial artery in cases of whitlow to check the inflammatory process in the finger; this seems but an exaggeration of M. Gerdy's principle of keeping the limb elevated so as to lessen the force of the arterial circulation in the inflamed part. Dr. Henroz was one day in his garden pruning an arbutus, and got a prick of a thorn in his left ring-finger at the inner side of the third phalanx; the thorn was extracted, and for twenty-four hours he felt no uneasiness in the part; the finger at this time began to swell rapidly, and to grow red, and the inflammation extended by degrees to the palm and back of the hand. On the fourth day, the pain was pulsatile and severe; he could not sleep; had great thirst; skin hot, and pulse frequent; the axillary glands were swollen but indolent. Stuping, leeches, poultices, opiates, mercurial frictions, were in their turn tried without advantage. It then occurred to M. Henroz to try compression of the brachial artery, which he did immediately with his thumb—instantly, the severe pain which he had endured for five days ceased, as if by magic, and he was able, without the slightest uneasiness, to put his hand into any position he pleased, and even the redness disappeared completely. However, as it was impossible to maintain the pressure in this manner for any length of time, he contrived an instrument for the purpose, so simple in its construction as perhaps to make a valuable aid in such cases in the country, where more perfect ones could not readily be had. It was applied on the brachial artery, and the same good effects immediately followed as when compression was made with the thumb; it was left on for three hours, during which the pain in the hand did not recur for an instant; it was pale and cool, and the swelling had diminished. Fearing that a longer interruption to the circulation might produce ill consequences. M. Henroz suspended the compression for three-quarters of an hour. The pain returned; pressure was again made; but this time it was on the ulnar not the brachial artery, and the symptoms were as suddenly relieved as in the former case. Compression on the artery was thus continued from half-past twelve at noon until five o'clock in the evening, as well as the palm and dorsum of the hand with firm compresses of the wadding, at which time the tumefaction of the hand and finger was permanently reduced, as also the tenderness; the symptoms of reaction had ceased, and there were no longer pain or fever. In the evening, pressure was again made, and continued all night; the next day the cure was complete.

The same treatment was employed by M. Henroz with the same result on a young girl who had a very severe whitlow; in this case, in which the affection was eight days progressing, the pain left the part the instant the compression was applied, and the cure was complete in thirty-six hours.—*Jour. de Med.*

REGULAR QUACKERY.

Whilst enumerating the various causes that have contributed to bring the profession into its present condition, I purposely deferred, to this place, the mention of one other important cause. This cause is to be found at home. It lies at our own doors, and is in and among ourselves. Great numbers have got into the profession with few or no qualifications for it; some without a sufficient preliminary education, and many with very imperfect professional study. The libraries of many instructors have been very defective, and their talents for teaching meagre. Many young men have been initiated into the profession without any adequate knowledge of its requirements. The acquisition of a diploma was the chief object of their study. This obtained, they have no further use for medical books. Perhaps they read nothing at all; or, worse than this, fill their heads with the nonsense of Dickens, or the phantasms of Bulwer—or, not having sufficient professional employment, they devote a part of their time to other pursuits, which tend to disqualify them for their own avocation. Practice and experience, unaccompanied with reading and reflection, do such men but little good. Their medical horizon soon becomes very contracted. A few things comprise the whole of their system of therapeutics. Perhaps the lancet, mercury, antimony or opium, are the great guns that they always fire on all occasions. Salts and senna, rhubarb and soda, with some extraordinary pills, powders or plasters of their own compounding, make up the sum of their daily prescriptions; and whoever sends for a physician of this sort expects to be bled, blistered or vomited, or submitted to some other painful or nauseous medication. And who can blame any one, if, in view of such treatment, he should prefer to taste sugar mites, or to seek relief in the downy arms of homœopathy? Perhaps physicians generally are too inattentive to the daily improvements of the science. Their private libraries are seldom what they ought to be, and their means of information defective. Many take no medical journals, and seldom add a new volume to their scanty stock of old books. Such men seem to suppose, that having cyphered clear through the book, there cannot be anything more for them to learn. What would be thought of an attorney who gave up reading law books? or a politician who read no newspapers? Such men must certainly be behind the times. If intelligent physicians desire to overthrow quackery, let them endeavor to live it down. Let no smell of it be upon their own garments. Let them discard all quackery and quack medicines. Let them endeavor to make the calling what it should be, elevate it to its proper station, and give it its just influence. Let each one resolve that he will do his duty faithfully, so that the vocation shall not be disparaged by him.

Let him devote his time and thoughts to it, and see that his information is posted up to the present hour. When he sits down at the bed-side of a patient, let him feel conscious that he possesses a knowledge of all known means for his relief, and let him see that they are timely and faithfully employed. Let him cultivate all the moral and social virtues. Let gentleness and kindness attend all his intercourse with the sick, whilst the strictest virtue, and most perfect integrity are always observed. This is the way to destroy quackery. These are the sure and only remedies. DAN KING.

Taunton, June 1st, 1849.

[Boston M. & S. Journal.]

KREOSOTE IN ERYSIPELAS. *By P. Fahnestock, M.D., of Pittsburgh.*—Allow me to state that, during a practice of many years, I have been in the habit of using kreosote in erysipelas of the face, (as well as on all other parts of the body,) in both its simple and phlegmonous forms, confining my local treatment to this article alone. And such has been the success of this treatment, that I have as yet to witness a case that has not yielded to it.

In every case of local erysipelas, I immediately apply the purest kreosote with a camel's hair brush over the whole of the affected surface, extending it some distance beyond the inflamed part, and at the same time administering a dose of chlor. hydrarg., followed by a sufficient portion of jalap to insure free catharsis. This, in the majority of cases, is all I find necessary. But when the mucous membrane of the mouth and fauces is also affected, I pencil those parts with a strong solution of the nit. argent., say from 3ss. to ʒi. to ʒi. of distilled water.

In the phlegmonous form it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread and water poultice, applied nearly cold and well sprinkled with water strongly impregnated with the kreosote, or a cloth kept constantly wet with the solution, especially for the face.

The kreosote when applied, should cause the part to become white immediately. If this does not occur, it is not pure. Thus you will perceive that success depends upon having the best quality of oil. It is worthy of remark that the skin does not become in the least marked by the application, no matter how often it is applied.

I was first induced to make a trial of this remedy, by a remark made by Dupuytren, in a small pamphlet which fell into my hands, in which he supposed it might be a good remedy in the disease.

The result of an extensive and exclusive use of this article in erysipelas, has induced me to place the most implicit confidence in it; and all I ask of the profession is a fair trial for it, confident that whoever once tries it, will abandon all other articles in its favor.—*Am. Jour. Med. Sci.*

CONTAGION OF ERYSIPELAS. *By S. P. Hildreth, M. D.*—On the 18th of January, 1849, Mr. G. C., a young man of 25 or 26 years, landed from a steamboat at Marietta; being very ill, he put up at the house of Mr. D. R., a family connexion. I was called to visit him, and found the patient suffering from a large diffused abscess, occupying the whole space under the right pectoral muscle, and extending into and beyond the axilla. The contents had found a partial discharge the night before, from an opening made by the absorption of the integuments. He had experienced high fever and acute pain for three or four weeks past, and now labored under a cough, with free expectoration, apparently occasioned by the absorption of pus. On stripping him to examine the abscess, his flannel shirt and other body garments were found saturated with matter. The offensive garments were removed, his body washed, and clean clothing put on. He supposed the abscess was occasioned by spraining the muscles of the arm, in handling the heavy oars of the flat boat in which he had descended the river to New Orleans with a load of produce. Of this, however, he was uncertain, and subsequent events showed it to be phlegmonous erysipelas. As new abscesses formed, they were discharged from time to time with the lancet. The cough continued with night sweats, assuming the form of hectic fever. This, however, gradually gave way as the formation of pus ceased, and in about ten days he was able to bear a removal to his home in the country, where he slowly recovered his health, but leaving his right arm lame and weak for several weeks.

His friend, Mr. D. R., who had assisted in dressing the abscess the day of his arrival, had, at the time, a small ulcer or sore, on the index finger of his right hand, from some trifling injury. The next day after, it began to inflame and become painful, following up the track of the lymphatic vessels to the axilla: occasioning tenderness and severe pain in the pectoral muscle, extending round to the fibres of the trapezius, where they are inserted into the spinous processes of the superior dorsal vertebra. There was more tumefaction here than in the pectoral muscle, for a few days—at the same time chilliness was felt, followed by high febrile action. I saw him soon after, and hearing the facts accompanying and preceding his illness, attributed the cause of his sickness to the absorption of diseased pus from the abscess of his sick friend. Tepid cataplasms, composed of wheat bran, and a weak solution of potash from wood ashes, were applied to the affected parts, with the hope of correcting the absorbed virus. He took calomel and cathartics to lessen the fever and alleviate the swelling and pain, which, however, gradually increased until the sixth day, when it was found necessary to bleed to the amount of twenty-five or thirty ounces, which was followed by a remission of the most urgent symptoms, and a free perspiration; although the fever and pain

abated, there was still a steady progress in the suppurative process going on, and the 3d day of February, the fifteenth day from the infection, the abscess was opened, just under the fold where the pectoral muscle rises upon the humerus, and discharged several saucers of matter, apparently of a bland character. From this period he began gradually to convalesce; but did not return to his occupation in a dry goods store, until the first of March.

Being aware of the infectious character of the discharge, I had been careful in washing my hands with soap and water, after each dressing, lest any of the contagion should be communicated to some one of my other patients. On the 12th of February, a little before noon, I was attacked with a chill which lasted three or four hours, followed by high fever, some headache, and severe pain in the loins. There was soreness and rigidity in the muscles of the neck, especially on the left side, and an increase of cough from a catarrhal affection, which had been on me for two or three weeks, and to which I am subject in the winter months. Feeling unable to prescribe for myself, my friend, Dr. R., was called in. The weather for some days previous, and at this time, was very cold, and it was thought that such an addition as had been made to my catarrhal affection, would result in pneumonia. The pulse was at 120 that night and for two or three days after, attended with watchfulness and slight delirium. The next day the cough and expectoration had not much increased, but there was more rigidity in the muscles of the neck, with some swelling of the lymphatic glands, below the left ear in the course of the mastoid muscle. It was sore and tender between the ear and mastoid process, with patches over the hairy scalp, which were thickened and irritable, especially on the margin of a large eschar over the right parietal bone; from an abscess when a child. I now began to suspect that the cause of my illness was erysipelas, inoculated from a small particle of the matter lodged under the nail of the index finger of my left hand, and applied to a scaly humor behind the ear, which had troubled me with its occasional itching for several years. On the morning of the 14th, the fiery eruption of erysipelas had covered all the back of the ear, and in a few hours enveloped the whole of that organ, which had swollen as thick as one's hand, and was rapidly spreading on to the temple and cheek. There was now no longer any doubt as to the character of the disease, and the lunar caustic was freely applied in substance. Cloths wet in ice water, made still more cold by enveloping the tin vessel with a layer of snow and salt. These were changed every ten minutes, being sometimes in a frozen state. The most convenient and useful application was a bladder filled with snow—which at that time was abundant—as it did not saturate the neck and pillow with moisture, like the cloths wet with ice water. For the application of ice and snow, I am indebted to the article of Dr. Davis, published in the November

number of this Journal. Free catharsis was kept up with pills of aloes, rhei, and calomel; but the most effectual relief was obtained from senna and salts, as this removed the torturing pain of the loins. For four nights and days I was without sleep, or was not aware of any forgetfulness. The ardent thirst was allayed most pleasantly and effectually by small pieces of ice, allowed to melt slowly in the mouth, and pass gradually into the stomach, a luxury I often allow my patients in acute fevers. Forty-eight hours of the cold application subdued the erysipelatous inflammation, and I willingly compounded with the disease, with the loss of the whiskers on the left side of the face, and part of the hair over the temple. The ethiopian dye of the cuticle peeled off in a few days, and in a little more than a week I was able to appear abroad and visit some of my patients.

Amongst those who had received the attention of my friend, Dr. R., during my illness, was a lady on whom I had waited in childbed on the 8th of February. Some hours after the delivery, she was attacked with severe flooding, which was suppressed by the use of the sponge tampon. It was followed by puerperal fever, attended with colliquative diarrhœa, of the most alarming character. I saw her for the first time since the 12th, on the 21st of the month. By a course of alteratives and tonics, assiduously pursued by my friend, she had considerably improved, but was still in a very doubtful condition, when on the 27th of February it was ascertained that erysipelas had made its dreaded onset, in addition to her other disease. It first appeared on the inside of the right thigh, near the vulva, and spread gradually over the nates of both sides as high up as the loins, when in about four days its further progress was arrested by the application of nitrate of silver and cloths wet with cold water. She was at this time under the full influence of the alterative course, and either on that day or the next, a decided mercurial action was set up in the salivary glands and mucous membranes of the mouth. From this period all the symptoms improved, and yet she was gradually restored to her ordinary health. It yet remains a doubt in my mind as to the mode in which the erysipelas was communicated to this woman. Two days before my own attack, I used the catheter on Mrs. W. It was ten days after this before I saw her again—on the 21st. Four days subsequently, or on the 25th, the eruption was first noticed by the nurse, on the right nates. The fever had ceased, and the eruption dried up on myself, three days previously to my seeing her. My friend, Dr. R., had visited every day, the patient from whom I took the disease, as well as Mrs. W.; but this man had no eruption, the type being entirely phlegmonous or suppurative, as well as that in Mr. G. C., who came back with the disease, from his voyage down the river. He was careful not to touch any of the discharge, or even to assist in dressing the abscess, in the course of his visits, putting that service on his wife. How, then, could the disease have orig-

inated? Was it sporadic, or communicated to Mrs. W. by one of her physicians? During the following spring months, several cases of erysipelas appeared, which were treated successfully by nitrate of silver, ice water, alteratives and cathartics. The malignant form requiring stimulants and tonics, has not visited Marietta, but has for several years prevailed in the counties north of us, and been described by Dr. Brown in his valuable and interesting article, published in the fourth number of this Journal.—*Ohio Med. and Surg. Jour.*

OBSERVATIONS ON THE PREVENTION OF SEVERE INVASIONS OF SCARLATINA. *By Thomas Carroll M. D. of Cincinnati.*
To the Ohio Medical Convention :

Gentlemen: The subject upon which I propose addressing you is one that has for a long time engaged my attention. The conclusions at which I have arrived are founded, not upon ideal theory, as I believe; but upon the observations of facts which have not been confined within a narrow period, nor limited to a single locality. I think I have found them calculated to ameliorate much of the suffering produced by a most severe malady, and not unfrequently to aid in averting the hand of death from the sufferer. I therefore submit them to your consideration, in the hope that some of your body may be induced to put them to the test in their practice.

I first observed scarlatina during the year 1829. Between that period and 1832 I often witnessed it in various neighborhoods; and in some of these it was attended with great mortality. I had the misfortune, in the year 1832, to lose, by this disease, two patients in one family, within a few days; and some time during 1832 I lost two more, with the same affection, in another family. A third victim in one of these families was reserved for the hands of a steamer. These disasters sunk deep into my mind, and produced a train of thought, which led to the following conclusions:

That the attack of scarlatina might possibly be mitigated in its tendency to destroy life, by preparing for its reception, by a strict course of dieting, and by a proper attention to the condition of the alimentary canal. I therefore determined, that when I should again be called to treat a case of this disease in a family, which consisted of more individuals who might take the malady, to advise those to be subjected to a rigid course of dieting. That animal food should be prohibited, with the exception of milk—and that a mild cathartic should be administered to each individual, and be again repeated within the ensuing four or five days. After experience taught me that, where children were laboring under diarrhœa, it was of great importance to effect a cure of it, if possible, before the invasion of the scarlatina.

This course I have pursued most undeviatingly ever since 1832, and I have, I believe, in all cases been able to persuade families to adopt it. The result has been that, since the time named, I have on no single occasion lost more than one case of scarlatina in a family during the continuance of any epidemic. Indeed, I do not now recollect that I have at any time lost more than one case in a family since that period.

The foregoing has been the result in my private practice: but at the Cincinnati Orphan Asylum my experience has been still further extended. In this institution I have met with the disease but once in an epidemic form, but on two or three occasions a very few sporadic cases have appeared. It very generally pervaded the inmates of the house in 1846, during the latter part of February, through March, and a part of April. There were but about thirty children susceptible of the disease; of these one died. When the first case made its appearance, I directed a strict abstinence from animal food, and in two or three days a cathartic of one grain of calomel and ten of jalap, was given to each inmate over two years of age, and half that amount to those under that age. But one set of purgatives was given; but the dieting was persevered in throughout, and I think with the happiest results; for all the cases, with the single exception mentioned, terminated favorably. Indeed, the disease was mild in nearly all the cases.

I am aware that cases may occur in which it would be improper to altogether withdraw animal food; and also, that in some cases, severe purging should be avoided, as in diarrhœal cases where debility and anemia exist. Here it would be necessary to restrain diarrhœa, and remove debility. Indeed, in cases coming under these denominations, I have tried the plans mentioned with the happiest effects. Yet, what can be done with the unhealthy, can be best effected before the development of the specific affection, for all know how uncertain is the safety of a patient laboring under scarlatina, who has had it superadded to some chronic malady.

I am fully aware that a long succession of favorable results may occur, where but little is due to any mode of medication. This may take place from the fact, that the disease very often appears in a mild form, and recovery is very general under any mode of treatment. But it must not be forgotten that I have been in the habit of pursuing the foregoing plan of preventing severe invasions of scarlatina during a period, now approaching twenty years; and whether in public or private practice, it has but on one occasion disappointed me. I have now resided in Cincinnati more than eight years, and during more than seven years of this time, I have been physician to the Cincinnati Orphan Asylum; and have, notwithstanding, lost but four patients by this disease, including both my private and public practice. I do not know that my mode of treating this malady is better adapted to prevent mortality than that

of my professional brethren, and therefore I attribute whatever of superior success I may have had, to the preparation of the constitution, in the manner indicated, for the reception of the disease.

Ibid.

TREATMENT OF ULCERS OF THE LOWER EXTREMITY.

Brief remarks upon a notice, in the recent number of the British and Foreign Medico-Chirurgical Review, of an essay by me on the "Treatment of Ulcers of the Leg, without Confinement, by Bandaging and Water-Dressing," HENRY T. CHAPMAN, F. R. C. S. &c.

The chief practical object of the publication in question is the advocacy of the treatment, not alone of indolent ulcers, but of those intractable cases, confirmed irritable ulcers, by a modification of water-dressing and bandaging, in following which I have met with a greater degree of success than under any other method of treating them.

Applied to the simply indolent ulcer, or to ulcers but slightly irritable, this proceeding differs from the mode of water-dressing employed with the bandage, by many surgeons, in such cases, in the following particular:—After dressing the sore with a compress of wet lint, before the bandage is put on, I encircle the part of the limb on which the ulcer is situated with from three to six, or more, *moistened strips of linen or calico*, of the same length and breadth as the straps employed by Baynton, drawn tightly, and crossed in precisely the same manner as the adhesive plaster. These wet strips adhere to the skin as closely and smoothly as the strapping; and as each one overlaps the upper third, or half, of that previously applied, they afford an amount of support, or compression, very little, if at all, inferior to it.

This apparently trifling peculiarity may be practiced by others as well as myself, since such a combination might readily suggest itself to any one accustomed to employ water-dressing, and desirous of escaping the evils so frequently incidental to the use of plaster; but I have never witnessed the application in either hospital or private practice,* nor have I seen it described by any writer on the subject. Believing it to be an essential improvement upon the ordinary form of treating ulcers on the leg by water-dressing, I have simply stated the result of my own experience of its operation; and have spoken of it as "bearing a very close affinity to the method of Baynton;" but as possessing its advantages without its

*The compresses of linen occasionally folded round the leg, over the dressing, act in a very inferior manner; they gave no support, independently of the bandage; the wet strips adhere firmly before its application, and their pressure is distributed in a perfectly equable ratio.

disadvantages. May I add a recent case to those I have already given, as further evidence that indolent ulcers will heal more speedily and soundly when these strips are superadded to the usual water-dressing and bandage.

Ann G—, aged sixty-six, grazed her shin in February, 1848. Considerable inflammation ensued, leaving an intractable sore, which had resisted various plans of treatment, under more than one surgeon, between that period and when I first saw her.

Sept. 15th.—She became a patient at a public institution which I was then attending in the absence of the surgeon, and was treated in the manner I have described.

On the 30th of September the sore was almost healed, and I left her under the care of my friend, who had resumed his duties.

Oct. 26th.—She called at my residence with the ulcer nearly as large as ever, and extremely sensitive, having been dressed, in the meantime, with wet lint, and the bandage, but the strips of calico being omitted. I re-applied them; and at the third dressing the surface had again entirely skimmed over, and was soundly cicatrized by Nov. 3d.

To this distinctive feature the reviewer makes no allusion whatever, the version which he gives of the treatment advocated by me being as follows:—

“Ulcers which are indolent and irritable, from a morbid condition of the capillaries of the ulcer, are to be treated by cold water dressing and compression; ‘the grade of temperature calculated to stimulate the contractility of the dilated capillaries, without depressing too much the vitality of the part, having been ascertained’ that temperature is to be uniformly maintained. The system of irrigation beneath a sheet of oiled silk, so long practiced, is of course the most effectual means of doing this; but it requires confinement to the bed or sofa.”

Any one reading this passage would imagine that *irrigation* was the mode by which I proposed to cure these varieties of ulcer.* It is obviously the impression of the writer of the article; whereas the extract quoted by him has no reference to the management of ulcers, but to the employment of cold in *inflammation*, in which it is unquestionably a point of high importance to guard against reaction; and I expressly remark, in the next paragraph but one, (p. 80,) that “there is not, however, in these cases (ulcers of the leg,) the same liability to reaction from the irregular application of cold, nor the same mischief to be apprehended from its occurrence as an inflammation. On the contrary, so far from being injurious, I am persuaded that the reaction excited by the renewal of the cold application is a beneficial stimulus to indolent and callous ulcers.”

*I am aware that Dr. Macartney speaks of thus treating them, stating that irrigation mainly conduces to effect cicatrization by the “modelling process;” but his views do not appear to have been adopted in practice to any great extent.

I am not at a loss to account for this misapprehension, and cannot easily reconcile with it the concluding sentence of the passage on irrigation just cited: "Mr. Chapman uses water-dressing as most surgeons have done for the last dozen years, covering wet lint with a piece of oiled silk." It is true the reviewer has given the entire description of the treatment in my own words, but few, I fear, will take the trouble to read it, prefaced by so very uninviting a summary of its contents.

But it is to the management of confirmed irritable ulcers—the source of more embarrassment to the surgeons than any other variety of the disease—that I have been solicitous to draw especial attention; and as this part of the subject is scarcely glanced at, will you permit me to trespass yet farther by a few words thereupon.

The perpetually recurring necessity of exercising one's ingenuity to devise new dressings, which may haply succeed in tranquilizing the inveterately fretful morbid sensibility of such cases, when a round of applications of established reputation had been tried in vain, is adverted to in strong terms by John Bell, Home, and Abernethy, (see page 62,) and has again and again been felt by all of us. Cold water and gentle support, (according to Baynton's method or by the simpler means I have indicated) will very commonly relieve a moderate degree of irritability; but, when present in excess, the sore will not tolerate cold, nor can the very lowest grade of compression be borne until this morbid affection of nerve be subdued. "Emollient and soothing measures, with rest, will generally accomplish this; but these means, exclusively resorted to, have a tendency to weaken still more the tone of the capillaries, and render them incapable of carrying on those operations which are essential to healthy granulation. The great desideratum appeared to me to be, a combination of these apparently incompatible measures, if they could be brought to act in unison; a method by which the morbidly irritable nerves might be soothed and gradually inured to the compression requisite for the support of the vessels, and of the part generally."

Instead, therefore, of persisting in the use of poultices, until the excess of morbid sensibility was reduced, and then resorting to the bandage, I determined to try the effect of emollient fomentations in co-operation with it. After carefully cleansing and bathing the leg for some time in tepid water, or decoction of poppies, the sore is dressed with lint dipped in the same; moistened strips of soft linen are folded smoothly round the limb, as in the treatment by cold water-dressing, but drawn less tightly; and over them the bandage is carried lightly. It is necessary at once to bathe the whole freely with poppy decoction, until the severe pain caused by the first application of the roller is allayed; and this must be repeated as often as any return of morbid sensibility occurs, the leg being carefully enveloped during the intervals of the dressing, in a sheet of oiled

silk. Under this treatment, tolerance of the bandage is generally induced within twenty-four hours, and the ulcer will soon be able to bear a greater degree of compression, and, perhaps, the tonic influence of cold.

Case xvi., p. 136, is an instance of the extreme intractability above alluded to, and likewise of the speedy and perfect success of this combination; and I have it in my power, at the present time, to show to the reviewer, or to any other party interested in such cases, what remains of a large and irritable ulcer—complicated by a varicose state of the viens—of more than twenty years' standing, which has baffled all the means hitherto had recourse to, although neither pains nor expense have been spared to obtain a cure, and which is in rapid progress toward cicatrization, after five weeks of this tepid water-dressing, aided by one or another of the astringent lotions spoken of in the section on cold water-dressing, the patient using her limb, and following her ordinary avocations throughout the process.

That indolent ulcers of the leg have been treated by water-dressing and the bandage, "for the last dozen years" may be perfectly true,—in the introductory observations, p. viii., I have stated as much; but, judging from my own experience, and, I may add, that of many other surgeons with whom I have conversed on the subject, it is, on the whole, a far less efficient mode of treatment than the old established method of Baynton, and, on that account, doubtless is not very generally followed. To ulcers characterized by extreme morbid sensibility, unless tolerance of the bandage be brought about by the means I have suggested, it is totally inapplicable. It is not, therefore, so much in favor of water-dressing as of the simple expedients described above as adjuncts to it, that I have sought to appeal.

THE MECHANICAL LEECH OF MM. ALEXANDRE & Co., OF PARIS.—This apparatus consists essentially of two parts—an instrument for puncturing the skin, and another for promoting the flow of blood by removing atmospheric pressure from the punctured part. The puncture is effected by a lancet, the blade of which has the form of the cutting apparatus of the leech. This lancet is fixed in the mouth of a tube, and projects about the eighth of an inch beyond the edge of the tube. It may be elevated by a small lever, so that its point shall be within the tube, in which position it is secured by a catch. Attached to the opposite end of the tube, by a piece of vulcanized India-rubber, which acts as a spring, is a piston, which is pressed down by a rod, and on removing the pressure, is drawn back by the India-rubber spring. The piston being pressed down, the open end of the tube in which the lancet is fixed, is placed over the part to be punctured; the pressure is

now removed, when the piston is drawn back by the spring, and exhausting the air within the tube, the skin is forced up into the mouth of the tube. On loosening the lever, by which the lancet has been elevated, the latter is drawn down by a spring, also of vulcanized India-rubber, so as to effect the puncture. The cutting instrument is now removed, and a glass tube with a piston, similar to that already described, is placed over the puncture, the air within being exhausted so that the tube adheres to the part, and the blood flows freely into it. Half a dozen or a dozen tubes, each of which would draw as much blood as a large leech, might be thus attached in two or three minutes. The apparatus, consisting of a cutting instrument and six or twelve suction tubes, together with sundry implements for cleaning the lancet and tubes after use, are contained in a small case. It is very neatly got up, and we understand from those who have used it, is very efficient. The idea, however, is not new; so long ago as the year 1813, the silver medal was awarded at the Society of Arts to Mr. J. Whitford, of St. Bartholomew's Hospital, for the invention of a somewhat similar apparatus for the same purpose. In Mr. Whitford's apparatus the exhaustion was effected by a syringe, which was found to be inconvenient. The use of vulcanized India-rubber springs, attached to the pistons, by which efficient suction tubes are economically formed, is a great improvement in MM. Alexandre & Co.'s apparatus.—*Lond. Med. Jour.*, March, from *Phar. Jour.*, Feb. 1849.

NEW METHOD OF TREATING URETHRAL PAINS FOLLOWING GONORRHOEA.—M. Vidal (de Cassis) having frequently remarked that these pains were relieved by pressing the penis with the fingers, has been led to try compression for their treatment, and has found it useful, affording a perfect cure in many cases, and a marked alleviation in others. The operative procedure, says M. Vidal, is so simple that it is scarcely necessary to mention it. "The surgeon takes a long strip of diachylon plaster, one centimeter (two-fifths of an inch in breadth,) and rolls it around the penis in the same manner as a common bandage, beginning at the glans; or, still better, he may apply it more accurately by using a number of small strips of plaster, each of which shall only be sufficient to encircle the organ once, and the two extremities of each strip should be made to cross upon the urethra, for the purpose of insuring the firmness of the dressing. The principal point to be attended to, is the degree of compression, which ought to be as firm as possible, without interfering with micturition, which would, of course, necessitate the removal of the dressings. The compression should be continued for a considerable period after the cessation of the pains, to prevent their return." M. Vidal cites two cases, from amongst great numbers which he had treated, in favor of this mode of practice.—*Monthly Retrospect*, from *L'Union Medicale*.

IDIOPATHIC TETANUS IN A HORSE, SUCCESSFULLY TREATED BY
CHLOROFORM. By T. L. Maddin, Student of Medicine in
the University of Louisville.

In August last, I tried the effects of chloroform upon a horse affected with Lock-jaw, and also violent convulsions of the entire muscular system. The circumstances of the case were these: A farmer, residing in North Alabama, at whose house I was living, discovered early in the morning that one of his horses was very singularly affected, and upon examination found that he had tetanus, or lock-jaw; and after a short time tetanic convulsions of the entire body supervened—which continued to grow more violent during the day.

Having been absent from home all day, when I arrived at his house late in the evening, my landlord remarked that he had a horse dying, and also mentioned his symptoms.

The opportunity, I conceived, was an excellent one to test the efficacy of chloroform, and immediately I suggested the trial of the remedy. The owner of the horse remarked that he did not think anything could possibly do him good, for he did not appear as if he could live longer than ten minutes, but that I was at liberty to do as I pleased.

The horse was down, and could not raise his head; his limbs were in an extreme state of rigidity, and his jaws firmly clenched. I first gave him half an ounce of laudanum, with twenty-five grains of camphor dissolved in it. This did not make any impression upon the symptoms whatever. I then caused him to breathe chloroform, and in less than two minutes he was fully under the influence of it. He remained thus for fifteen minutes; during which time his limbs were quite flexible; his muscular system generally relaxed; and his jaws could be opened about two inches. At the expiration of this time, there were symptoms of a return of the convulsions. I brought him rapidly under the influence of chloroform again, and thus warded them off. It was now twenty minutes before the anæsthesia passed off, and it was then found that he was able to get up and walk about. In less than three hours from this time he was grazing about the lot, and next morning appeared perfectly well.

I have believed that an account of this case would be acceptable to the profession, notwithstanding that the subject of it was a horse, for it shows very conclusively the perfect control which this potent agent possesses over tetanus, and convulsive diseases generally, which are among the most intractable that the medical man has to combat.—*Western Journal of Medicine.*

GLYCERINE.—Mr. Burnett, Tremont Row, has this new and elegant article, which is beginning to have a reputation with the profession for the amelioration and cure of various cutaneous eruptions. Without attempting to describe the process of making glycerine, it is proper to observe that in soap-making, in some common method familiar to pharmacutists, this oily, almost inodorous substance is obtained—vulgarly known in olden times, as oil of lead. Dr. Durkee, of Howard street, a gentleman devoted to the management of diseases of the skin, and whose success is acknowledged by the community, speaks very favorably of it, we understand. This suggestion, we trust, will have the effect of directing the attention of physicians to a preparation that may be serviceable, where others have failed. The article has also been recommended by Mr. Wakley, of London, as has been seen by a recent number of this Journal, in cases of partial deafness.—*Bost. Med. and Sur. Jour.*

COLLODION IN CHILBLAINS.—In chilblains I have used it with the most decided success. In one case, the patient had her feet for some time exposed to severe cold, which produced an erythematous inflammation of several of the small toes. They were swollen, red, tender, and itching. I completely enveloped them in a thick coating of collodion, and the contraction which took place on its drying, produced so much compression of the vessels, that the toes were as pallid as frozen ones. The pain and itching were immediately relieved, and in twenty-four hours, these members were nearly well. I have cured pernio of the heel, also, with this article, but I do not believe it a panacea for all cases of chilblain, even in its erythematous stage.—Dr. C. Green,—*Buffalo Medical Journal.*

LUPULIN AS AN ANAPHRODISIAC.—(*Am. Jour. Med. Sci.*) Dr. Page called the attention of the Philadelphia College of Physicians to the lupulin as a means of controlling the painful erections occurring in venereal cases. He has employed it now for two years, and has found it a better and more effectual remedy than any other he has tried. He gives it in the dose of from five to ten grains, and has never known an instance in which the second dose did not succeed in subduing the painful erections, so troublesome in cases of gonorrhœa. It does not cause the headache, constipation, and other unpleasant effects consequent upon the use of camphor and opium. He has found the remedy useful also in cases of involuntary seminal emissions. It will not cure the disease, but prevents the discharges, so long as the patient remains under its influence.

Dr. Edward Hartshorne has employed it successfully in one case to destroy venereal appetite in a man addicted to onanism.

OPIATES IN CHOLERA.—Dr. J. W. Sterling of the N. Y. Quarantine Hospital, writes as follows in the N. Y. Jour. Med.:

"In general, the narcotic effects of opium and morphine were scrupulously avoided; for such effects were highly pernicious; and even when these anodynes merely removed pain and allayed irritability of the stomach and bowels, the tranquility and calm which supervened boded no good; healthy reaction was thereby suspended or arrested, death was not the less certain, often more speedy, and no favorable crisis could be predicted without a decided restoration of the natural functions.

"Finally, I would observe, that patients lying in the same room with one laboring under the cholera were very susceptible of this disease. It may be excited by panic, contagion, or by atmospheric influence; whichever it be, I presume it is a matter of indifference to the recipient, after he gets it, from what source obtained. I have, however, seen patients seized with it while lying in a state in which they were altogether insusceptible of panic; and if the pernicious condition of the atmosphere be the sole exciting cause, we would not see so much of its peripatetic excursiveness. I cannot, therefore, help believing that something must be attributed to contagion, and be this something ever so little, prudence, if not humanity, demands the separation of cholera patients from those afflicted with other diseases, and especially from the subjects of typhus."

COD-LIVER OIL.—A discussion on the properties of this article took place at the Westminster Medical Society, February 3. The majority of the Fellows stated that they had found the oil to possess a very marked effect in almost all cases of scrofula and phthisis. In the first class of cases, it was not only given internally, with the effect of much improving the general health, but it was applied locally to scrofulous sores, with the most marked benefit. In phthisis it appeared to exert its influence at once, by its nutritious properties. It checked perspiration, and removed emaciation; and appeared, by keeping up the tone of the system, to arrest the further deposition of tubercular matter. Some thought that any oily substance, as butter or almond oil, would have the same effect; others considered the cod-liver oil to have some specific influence. One gentleman had found it rather injurious than otherwise in some cases of phthisis, from its tendency to disorder the digestive organs. Altogether, however, the opinion generally was decidedly in its favor as a palliative agent in consumption.—*Lancet*.

Part 2.--Homœopathy and Hydropathy.

THE PRACTICAL ADVANTAGES OF HOMŒOPATHY.

BY HARRIS DUNSFORD, M. D.

The homœopathic system has been so often misrepresented,—and medical men have without reflection, or due examination, so frequently given opinions unfavorable to homœopathy,—that it is hoped these few pages, written with a view to correct misrepresentation, to remove prejudice, and to induce an impartial investigation of the system, will not prove altogether unsuccessful.

The progress homœopathy has made within the last few years is such, as to justify the expectation that it will gradually obtain the confidence of the public, and ultimately be adopted as a safe and effective substitute for the uncertain and often very injurious treatment of the ALLOPATHIC PRACTICE; in which it is admitted by a justly celebrated physician and learned writer, the late Dr. Gregory, of Edinburgh, *that the greatest danger may often arise from the improper or untimely use of remedies*:—"gravissimum sæpe oriri posse periculum ab inepto aut intempestivo remediorum usu."—*Consp. Med.*

Many universities of the highest reputation have appointed professors of homœopathy, under the sanction of their respective governments:—and homœopathy itself, as compared with the old practice, already possesses the greater number of efficient remedies, and is daily adding to its resources many new and important discoveries, confirmed by the results of actual experiments upon the healthy subject.

The principle upon which homœopathy is based,—viz.: that medicines which in a healthy person produce symptoms similar to those of particular diseases, are *specifics* for those diseases, ("*similia similibus curantur*,"—must, by every unprejudiced mind, be admitted to be a rational one; for to this principle the success of many popular remedies is justly to be attributed, and it is repeatedly acted upon in general practice, but evidently without a due appreciation of its importance. The treatment of frost bites, by friction with snow; and of burns, by the hot oil of turpentine, afford illustrations of this principle: and if the treatment prove successful in particular cases, it is reasonable to suppose that it may admit a more extensive, if not universal, application.

The few specifics, which the old school possesses, are now known

to produce precisely the symptoms they cure. This fact has long been admitted in this and other countries, more especially in reference to syphilitic affections; for many of the most experienced surgeons have often been unable to decide, whether the appearances which presented themselves were owing to mercury employed as a remedy, or were merely the effects of the disease itself: this deplorable uncertainty is of every day occurrence, and must continue to be so, until physicians are fully convinced of the power which medicines possess to *create diseases*.

Hahnemann has given, in his *Organon*, numerous examples of cures effected, unintentionally, by physicians of the old school, on the homœopathic principle; amongst other, he mentions the fact that the "*sweating sickness in England*," in 1485, was more fatal than the plague itself, carrying off, as stated by Willis, ninety-nine out of a hundred patients, until *sudorific* remedies were administered: after which, few persons died of the disease.

Hahnemann cites a case of chronic diarrhœa, which threatened the existence of the patient; and which was radically cured, after other means had been tried in vain, by a *purgative*. The case is published in the thirteenth volume of Hufeland's *Journal*.

The common practice of using rose water as a collyrium, derives its beneficial influence from the circumstance of rose leaves producing a species of inflammation of the eyes, as remarked by Echi-tius and Ledelius.

Carrère observed, in 1786, that dulcamara cured the effects of the most violent chills; but the *modus operandi* remained undiscovered, until experiments on the healthy subject proved, that this plant produces sufferings resembling those of a severe cold.

De Haen, Sarcene, and Pringle, admit that they cured pain in the side with squills, a medicine of a very acrid nature: the cures were homœopathic, for Wagner, in 1737, had seen pleurisy and inflammation of the lungs produced by squills.

The salutary effect of cinchona bark in the state of exhaustion, indigestion, and loss of appetite following fever, especially if treated by bleeding and purgatives, is founded only on the property of this bark to produce the most extraordinary loss of strength, and weakness of both body and mind, disorders of stomach, and loss of appetite; as Cleghorn, Stahl, Thomson, and many other physicians, have remarked.

Ipecacuanha could not be so valuable in the treatment of spasmodic dyspnœa, if, as observed by Akenside, Meyer, and Stoll, it did not produce dyspnœa, more especially spasmodic dyspnœa.

Crichton, Collin, and Stoll, described symptoms which were observed in patients when taking *arnica montana*; and they will be found to be precisely those produced by severe shocks and contusions, for which *arnica* is truly specific.

Withering relates a case, in the *Edinburgh Medical Commenta-*

ries, of violent spasmodic constriction of the throat, conquered only by hyoscyamus, which has been observed by Hamilton, Sauvages, &c., to produce it.

Asclepiades cured a patient affected with inflammation of the brain, with a small quantity of wine. Rademacher published, in Hufeland's Journal, a case of febrile delirium attended with stertorous breathing—a state similar to that succeeding great intoxication from wine—which was cured in one night by giving the patient wine.

It is well known, that a strong infusion of tea occasions palpitation and anxiety in those not accustomed to it. Hence, a small quantity of this beverage is an excellent remedy for such symptoms, when they arise from any other exciting cause, as stated by Rau.

Lethargy, which had lasted several days, Hufeland cured with opium, which could only be explained on homœopathic principles.

The baths of Tœplitz, as well as other sulphurous waters, produce frequently an eruption which resembles that to which woollen workers are subject. On this account, these baths, as well as sulphur itself, cure psoric eruptions.

Beddoes states, that English physicians found nitric acid an excellent remedy in salivation and ulcers of the mouth, arising from the employment of mercury;—Scott, Blair, Aloyn, Luke, &c., have seen the same symptoms produced by baths containing this acid, as well as by its internal employment.

Why were Seelig, Hamilton, Hoffman, Rush, Bailey, and others, so successful in the treatment of malignant sore throat by mercury; simply because it excites sore throat, often of a very malignant nature.

These instances might be multiplied to almost any extent, for it is difficult to take up any allopathic medical journal without meeting with numerous instances of cures, supposed by those relating them, to be effected on the ordinary principles; when, in reality, to those acquainted with the effects of medicines on the healthy subject, it is evident they took place because one of the remedies prescribed happened to be exactly homœopathic to the symptoms.

The system of homœopathy has been published between forty and fifty years; for more than twenty of which it has been practiced with almost unparalleled success; it is entitled, therefore, to a cool and impartial examination; since nothing can be more unjust than to disparage that which has not been scrupulously investigated.

Medical men who practice upon the principles of the old school are indeed invited rigidly to scrutinize the system now advocated, and put it fairly to the test. This is all that we require from its opponents. It demands the strictest inquiry into its merits, as some compensation for the unsparing abuse which has so long and so illiberally been heaped upon it; a sound and impartial judgment will remove the barriers interposed by ignorance and prejudice.

The *minuteness of our doses* is frequently objected to by those who do not understand our principle of treatment, or the mode in which our medicines are prepared. Upon the principle "*similia similibus curantur*," the efficacy of the remedy depends upon it, "*homœopathicity*;" that is, upon its producing, in a healthy persons symptoms corresponding to those of the disease in which it is employed; and, in this case, the medicine selected cannot be too cautiously, nor too sparingly administered. It should be clearly understood that if the remedy do not answer to, or correspond with, the disease to be treated; if it do not harmonize with the characteristic or curative symptoms, it will prove inefficient;—the misunderstanding of this position, is the rock on which many have split, who imagine that they have fairly tried the system of homœopathy: they have failed, because the remedy was not truly homœopathic to the case.

Notwithstanding the ridicule which has been thrown on the minuteness of our doses, they are far from powerless. By the process they undergo, the activity of our remedies is wonderfully increased; and many of the most valuable of them are totally inert, until they have undergone the trituration and succussion pointed out by Hahnemann.

Dr. Peschier, editor of the *Bibliothèque Homœopathique*, observes, that Professor d'Amador completely admitted this doctrine, and adds "*et il a fait savamment remarquer, que le dynamisme, sur lequel s'appuie l'homœopathie, est consensuel, à la doctrine du vitalisme, d's long temps professée et enseignée par la Faculté de Montpellier.*"

Dr. Muret of Morges, wishing to determine the effect of trituration on a medicinal substance, made the following experiment. Having procured two rabbits of the same age and strength, he gave to one a grain of hydrochlorate of barytes which had been pounded and rubbed for an hour. The animal almost immediately fell down, was violently convulsed, and sunk into a moribund state. To the second, the same quantity was given without having been submitted to any manipulation, and the animal was very slightly affected by it, merely losing for a short time power over the hind legs, and that not until the medicine had been taken nearly half an hour. In order to prevent the possibility of error, the experiment was reversed, and the effect was precisely the same.

The admission of the principle of homœopathy, does not *a priori* lead to the adoption of minute doses. Hahnemann himself, in fact, employed almost the usual doses in his earliest experiments; and it was only on finding that such doses produced aggravation of the symptoms, that he diminished the quantity. Prudence, therefore, dictated smaller doses: and experience unexpectedly proved that what are termed infinitesimal doses produce the most speedy, certain, and lasting effects. Thus, by dividing and subdividing,

with a view to diminish their activity, Hahnemann, to his astonishment, found that the very means he employed to effect this, viz : trituration and succussion, increased, rather than diminished, the power of the medicine ; and when this fact was discovered, he tried what effects trituration would have on what were considered to be *inert* substances ; and by this happy experiment, has rendered immense service to mankind, since the latent powers of these agents have been fully developed, and proved to be efficient for the cure of a vast number of chronic diseases, on which the old remedies exerted no beneficial influence whatever. A few years ago, scarcely any one would have believed that chalk, charcoal, common salt, and sulphur, which, in general practice are administered in large doses, with little effect beyond that of exciting thirst or slight diarrhœa, could, by any mode of preparation, be brought to rank among the most active substances, capable of producing, and consequently of curing, the most frightful diseases.

The extraordinary effects of remedies prepared in this manner, can, I think, only be accounted for, by supposing, that during the operation, *electricity*, or some power analogous to it, becomes developed, and remains inseparably connected with the substance acted upon ; and this view of the case is supported by the opinion of Mons. Peltier, one of the most distinguished of the French chemists, who, in a paper read before the "Académie des Sciences" in Paris, declared, that, in his opinion, this was quite sufficient to account for the energy of the homœopathic globules.

To those who object to homœopathy that it employs the most active poisons, I scarcely feel disposed to reply. It is well known that our opponents prescribe the very same medicines in doses, if not destructive, at least injurious to the welfare of their patients ; but our doses are so extremely attenuated, that no danger to the system can in the slightest degree be apprehended. There is, indeed, a very remarkable difference in our mode of preparing the remedies we employ, for by this means, as before mentioned, we obtain from substances usually considered inactive, some of our most efficacious medicines, and find that charcoal is more powerful than henbane, and chalk than arsenic.

However desirable it might be to explain the cause of the activity of such minute doses, the fact that it actually exists has been proved, in so many instances, that in a practical point of view, the explanation would be superfluous. The activity of our doses being once established, a great obstacle to the progress of homœopathy is overcome, at least as it regards those who desire only the triumph of truth ; and it is quite unnecessary to address those who seek only the destruction of homœopathy, true or false ; and finding their attacks upon the inefficiency of the dose on the ground of its minuteness completely rebutted, adopt a directly opposite course, and declare that our remedies, if not inert, are absolutely *poisonous* :

such unworthy attempts to misrepresent and decry one of the greatest discoveries ever made in the treatment of disease, are characteristics of an ill-directed or perverted education, and happily are discountenanced by some of the most eminent physicians of the present day—the brightest ornaments of the established mode of practice.

It is easy to deny the possibility of a cure being produced by the doses employed in homœopathy; it spares the necessity, at least for a time, of making experiments as to the truth of the assertions of Hahnemann and his disciples: but as the system gradually extends and ramifies, the mere negation of its value will be treated with the neglect it merits.

There are two modes, however, of explaining the manner in which homœopathic remedies effect a cure. The one is, that a medicinal disease, resembling the natural one, is produced by the remedy; and as two similar diseases cannot possibly exist at the same time, the morbid symptoms give place to medicinal ones: which, on the use of the medicines being discontinued, gradually disappear, leaving the part affected in a normal state. The other is, that the symptoms of a disease are but the efforts of nature to get rid of the morbid cause: and that the homœopathic remedy acting in the same direction, aids the vital force, and thus abridges the duration of the disease, or even cuts it short.

That homœopathy will eventually take the place of the ordinary practice, is no longer a matter of doubt with persons who have experienced its benefits. Nor is it reasonable to suppose, that those who have had the opportunity of judging of the relative merits of the two systems, will subject themselves, or their friends, to the painful and often injurious means employed by the old school: since they have found, by happy experience, that precisely the same benefit may be obtained by mild and harmless remedies more speedily, and without even in the slightest degree injuring the constitution.

The usual mode of remunerating the general practitioner is objectionable in the extreme, and acts as a powerful obstacle to the introduction of homœopathy. At present, physic, and not talent, is too often the standard by which the services of the medical attendant are appreciated; it is high time that this truly *unprofessional* system had passed into complete desuetude.

Medical men in considerable practice are disinclined, for numerous reasons, to enter upon the discussion of homœopathy:—preconceived opinions,—long established habits and associations,—professional engagements,—personal reputation,—public confidence, and many other powerful influences may be enumerated to account for *their* neglect of homœopathy, although some of the most eminent among them have conceded its claims to a sober and searching investigation. To the young, the subject is open to inquiry, and it is their duty to weigh well the evidence to be adduced in its support, before they reject or calumniate a system believed by many of the

Part 3.---Original and Editorial.

OUR PROGRESS.

The condition of the Institute at present, has fully realized the anticipations of its friends. About a week since one hundred and forty students had matriculated with the Dean, and others were daily arriving, justifying the anticipation, that our winter's class, when all have arrived, would amount to a hundred and seventy or eighty. Our latest intelligence from the Ohio Medical College, was, that *ninety students* had matriculated in that dilapidated focus of medical imposture, and the lectures were in progress with a handsome array of empty benches.—This was on the second day of the session. The Botanico-Medical School, now called *Physo-medical*, (what that means is rather obscure) having reduced the price of its tickets, expected a large accession of students. We do not know exactly how they stand as to their class; but reports vary from fifty to seventy. It appears therefore, that the class of the Eclectic Medical Institute, which is much the largest in the city, will almost equal those of the Mercurial and Botanic Schools together! We have good reason to anticipate that in another year it will surpass their aggregate numbers.

The Eclectic School at Syracuse opens with a class of about fifty, among whom are several ladies; and the school at Memphis, we presume is doing equally well, although we have not yet heard of its condition.

Our introductory lectures were attended by crowded audiences. DR. HORATIO PAGE GATCHELL (Professor of Anatomy) delivered an extemporaneous address on Monday evening, which was well received. He sketched the failures and pedantic ignorance of the old practice, and traced his medical lineage to a distinguished physician, Dr. Page, a practical reformer of the healing art, who first introduced vaccination in America, who opposed the prevalent use of calomel and the lancet, and who never had a single death among three thousand patients in obstetrical practice. He concluded with an eloquent appeal in behalf of the Eclectic cause, and its young veterans.

PROFESSOR STALLO on Tuesday evening, delivered a chaste and beautiful philosophical discourse upon *poisons*, in which he traced their relations as a part of the grand plan of nature, and illustrated by references to serpents in the animal kingdom, Prussic acid in the vegetable kingdom, and arsenic, antimony, and mercury in the mineral kingdom. Professor Stallo fully sustains and justifies the high anticipations which were formed as to his learning and abilities. His mind is not merely that of an abstract metaphysician; but is adapted to grapple vigorously with the problems of physical science.

Our own lecture on Wednesday evening, entitled "*the vanguard of the army*," was received in a flattering manner. The readers of the Journal will probably have an opportunity of seeing it.

PROFESSOR STORM ROSA delivered his introductory on Homœopathy on Monday evening (the 12th) to a very crowded house. Professor S. read from his manuscript a learned survey of the history of medicine, (which we expect to publish) exhibiting its vast collection of follies, and fully refuting the pompous claims of Allopathy to a dignified antiquity of origin. He complimented the Eclectics upon their generous liberality, and their practical success in the treatment of disease. He stated the general principles of Homœopathy, showed that the size of the dose was but an incidental matter to be determined by the judgment of the practitioner, and expressed the opinion that Eclecticism was a near approach to Homœopathy in the fundamental principle of selecting the proper specific medicine, and discarding the great quantity of mineral poisons with which patients had heretofore been tortured.

Dr. R. is a gentleman of venerable age and experience, whose practical good sense, simplicity of character, honesty and benevolence, render him peculiarly qualified to co-operate harmoniously in the great work of medical reformation. He is mild and forbearing in the highest degree; but not afraid to speak the stern truth when it is necessary.

In addition to the lectures of the Professors at the Institute, we have been delivering a popular course on physiology and practical medicine, to the citizens, which is now in progress, attended by large audiences. That our labors have not been unacceptable, may be further illustrated by the fact that we have been honored with an invitation from the Mercantile Library Association of this city,

to deliver their annual introductory lecture, in place of Governor Crittenden, of Kentucky, who was unable to officiate. (We have declined the Introductory, and accepted the Valedictory.) This course of lectures is the most important popular course given in the city, and is delivered by a number of the most distinguished speakers from various quarters, who can be obtained by the Association. We refer to this circumstance merely as an additional evidence of the fact, that notwithstanding the great preponderance of the Old Hunker faction in point of numbers, and their efforts to exclude every liberal physician from all the courtesies and intercourse of society, they are far from controlling public sentiment, and utterly unable to dictate to an enlightened community.

It may be thought harsh that we should speak of the Ohio Medical College as a *focus of imposture*, but until the falsehoods of Professor Lawson shall have been corrected, we can not retract the expression. In the introductory lecture of Professor Drake, delivered at the Melodeon, we are informed that he told his audience there was but *one medical college* in this city. This was the case, Doctor, in your juvenile days, and it now bids fair to be the case again, at the present rate of progress—but that *one college* will bear the honorable name of *Eclectic Medical Institute*.—B.

NATIONAL ECLECTIC MEDICAL ASSOCIATION— BRIEF MINUTES OF THE EXTRA SESSION.

CINCINNATI, Nov. 5, 1849.

An extra meeting of the Association was held this day, in the Hall of the Eclectic Medical Institute, in accordance with a resolution passed at the regular meeting in May last.

At 10 o'clock, A. M., the meeting was opened with prayer by Rev. G. G. MOORE.

The President, Dr. T. V. MORROW, then addressed the Association on the subject of the present position of Eclectic physicians, and the inducements to renewed exertion in a cause giving promise of such lasting benefit to humanity.

The minutes of the last meeting of the Association were read.

Dr. BUCHANAN made some remarks in reference to the progress of a co-operative spirit, and the propriety of tolerating differences among medical reformers, encouraging and harmonizing with them, while we aim at elevating the standard of liberal and enlightened Eclecticism.

Dr. BUCHANAN, as a member of the committee on Medical Sta-

tistics, again addressed the Association, urging the importance of medical statistics, and the necessity of practitioners attending, immediately, to the preparation and furnishing of accurate reports of their practice, in accordance with the form adopted by the Convention last year.

Adjourned to 2 o'clock P. M.

SECOND MEETING.

Minutes of the last meeting read and accepted.

Dr. BUCHANAN made some remarks on the necessity of resuming the agitation of the Hospital question. The excitement last winter, had done some good, inasmuch as the Old Hunker faction had found it necessary to abate their arrogance somewhat, and been forced by the pressure of public sentiment, to abandon their restrictive policy. The Faculty of the Ohio Medical College have recently consented to the admission of any person to the Commercial Hospital, who may wish to purchase the Hospital ticket.

The Hospital is a State Institution, and should not be monopolized, and it is incumbent upon Medical Reformers, to present their claims to the Legislature again the coming winter, that a bill may be passed which would grant them equal privileges, as regards its management. On motion of Dr. B. it was

Resolved, That the chair appoint a committee of seven to memorialize the Legislature in behalf of this Association, soliciting equal rights in regard to the medical supervision of the Cincinnati Commercial Hospital.

Doctors Buchanan, Hill, Rosa, Avery, Davis, Jordan, and King, were appointed a committee for this purpose.

Dr. BUCHANAN read a paper on the treatment of Cholera, Dysentery, &c., by Dr. T. J. Wright.

Dr. JEPHATH DAVIS, of Greenfield, Highland Co. Ohio, reported that he had treated 63 cases of Dysentery, with a loss of two only, and these were of patients previously much diseased and debilitated. Dr. D. also stated that he had prescribed for some three to five new cases of disease a day, for several months during the year, and that the mortality attending his practice would not exceed five patients during the whole year, in those cases of which he had exclusive control.

Dr. P. W. SAMPSEL reported 100 cases of Scarlatina, and 5 deaths—also 50 cases cholera morbus, no deaths.

Dr. MURRAY treated 150 cases of cholera. From 10 to 15 of these were in the spasmodic stage. He lost three out of the 150, all of which were in a collapsed condition when he was called in.

Dr. D. P. WOOSTER, of Racine, Wisconsin, stated that he had treated 50 cases of Dysentery, all successfully. Dr. W. said there had been 8 cases only of cholera in their town, 5 of which had

been treated by old school physicians, and all resulted fatally; the other three were prescribed for by Dr. W, and relieved.

Dr. BEHYMER treated 25 cases of Dysentery with a loss of one.

Dr. ROBINSON reported 45 cases of cholera and cholerine, and one death; 65 cases of dysentery and two deaths; 9 cases of fever and one death.

Dr. COWDREY, of Lafayette, Ind., made report of 75 cases of cholera and cholerine, and three deaths.

Dr. W. H. JONES treated 5 cases of cholera, no deaths; 60 cases dysentery, no deaths; 5 typhoid fever, and 2 deaths.

Dr. WEBSTER, of Middletown, Butler Co., O., stated that from the 1st of May to the 15th of October last, he had treated 300 cases of all diseases, with a loss of 4 cases. The four lost were made up of one phrenitis, one congestive fever, one cholera infantum, and one delirium tremens. He had also treated 80 cases of dysentery successfully.

Dr. BORTON reported 30 cases of small pox, with a loss of one.

Adjourned to 10 o'clock A. M., November 6th

THIRD MEETING.

Minutes read and accepted.

Dr. WM. KING reported 30 cases of typhoid fever, 15 cases of Scarlatina, 10 of pneumonia, 10 dysentery, 8 cholera morbus, 4 English ship fever, all treated successfully,

Dr. J. J. SMITH, of Roanoke, N. C., reports 11 cases pneumonia, 10 intermittent fever, 15 remittent, 5 leucorrhœa, 59 of other diseases, with a loss of 3 patients, who were treated under the most unfavorable circumstances.

Dr. AUGUSTUS ECKERT states that he has treated 365 cases of all diseases, during the past five months, and lost of this number, 11 only.

Dr. ROSA remarked that as he was about to address the members of the Eclectic Medical Convention, he had full confidence to go ahead; he believed the members of the convention to be honest searchers after truth, and therefore felt free to address them.

The Doctor remarked that he had been an allopathic practitioner about twenty seven years; but owing to circumstances over which he had no control, he had sat snugly in the scoffers' corner. During that whole period of time, no other method of medical practice had been brought within his observation, except the Thomsonian. He said that he had known several of this class of physicians, who had been manufactured in one night's study, and some of them had proved quite formidable competitors. This summary method of manufacturing doctors, out of men, too, who were quite moderate in natural intellect, was quite a mysterious matter.

The Doctor remarked that they sometimes cured patients, and

that he had done no better—that they lost patients and so did he, but still he had treated the whole matter with dignified contempt.

One thing, however, appeared passing strange, said the Doctor, that many respectable and thinking persons preferred this class of physicians to all others.

With this condition of things, besides many painful reminiscences, the Doctor remarked that nearly all confidence in the profession had entirely forsaken him.

Here the Doctor spoke of witnessing the fatal effects of heroic remedies, and the result of calomel and jalap as a prophylaxis in bilious fever, and he also recounted the circumstances which led him to the investigation of Homœopathy, all of which was made quite interesting to the convention.

Dr. BUCHANAN, chairman of the committee appointed to draft a memorial to the Legislature, reported a memorial, which report, after some discussion, was adopted.

On motion of Dr. Buchanan,

Resolved, That a committee be appointed to attend to the presentation of the memorial of the Association to the Legislature of Ohio.

Drs. J. R. Buchanan, S. Rosa, B. L. Hill, Wm. King, I. J. Avery, J. H. Jordan, and J. Davis, were appointed a committee.

Adjourned to 2 o'clock, P. M.

FOURTH MEETING.

Minutes read and accepted.

Dr. S. E. PEARRE reports 500 cases of disease treated during the past year, with a loss of two only.

Dr. A. P. BALDRIDGE, of Springfield, Ohio, reports that he treated 25 cases of Asiatic cholera, six of these were collapsed cases, four of whom died. He prescribed for 75 cases of cholera successfully.

Dr. CHILDS, of Madison, Indiana, reported that he had treated from 200 to 300 cases of disease during the past year. He had 150 cases of cholera, five only of which number died under his treatment. He had treated 44 cases of consumption and diseases of the lungs, with a loss of three only. He used an Expectorant in these cases, composed of equal parts Tr. Iodine, Tr. Phytolacca, Tr. Macrotys, Tr. Sanguinaria, and Tr. Myrrh. Of this he administered from one to four teaspoonsfull daily. In connection with the Expectorant, he used a syrup of elecampane, comfrey, and swamp dogwood (*Ptelea Trifoliata*.) Occasional emetics were given with advantage; but the greatest benefit derived from the use of extensive irritating plasters over the whole surface of the chest and a part of the back. He would let them discharge freely from five to eight weeks. He used lupulin as an anodyne, and gave the Restorative Bitters, with cinchona, as a tonic.

Dr. JAS. G. HUNT stated that his present reports included but four cases of cholera, as all the others had been reported in connection with Dr. Morrow's, and were now before the public. Of other diseases he had treated over 300 cases since the first of July last. Diarrhœa and dysentery (those of dysentery forming the larger proportion,) constituted nearly one half of this number, and had all been treated successfully. From the remainder, including the four cases of cholera, he had had nine deaths, one from organic disease of the heart, one from hysterical convulsions, which occurred in a delicate female convalescing from dysentery, which had been preceded by an attack of cholera; another was a man with cholera, who had gone so far into the stage of collapse, as to be pulseless and unable to recognize his own wife or brother; two others had been under other treatment, and their friends despaired of their recovery before he was called; the sixth was a case of Phthisis Pulmonalis in its last stage, under treatment only two weeks; the seventh death was from confluent small pox in a child eight months old; the eighth from cholera infantum; the ninth from arachnitis.

Dr. VANSANDT stated that he had treated 700 cases of disease the past year, and had but four deaths in his practice.

Dr. B. L. HILL remarked that the report heretofore published of his treatment of cholera, was not complete, as he had treated many cases subsequent to the time of making that report. In all he had attended 89 cases and lost 1.

Drs. G. S. & J. P. BALL report the following cases treated by them from the first of August, 1848, to the first of October, 1849.

	Cases.	Deaths.
Cholera,	25	2
Pneumonia,	9	1
Small Pox,	2	0
Modified do.,	6	0
Neuralgia,	4	0
Intermittents,	30	0
Chorea,	2	relieved by Hydropathy.
Scarlatina,	30	
Cholera,	50	0
Bilious Fever,	48	0
Dysentery,	18	1
Acute Rheumatism,	16	0
Erysipelas,	4—244	0—4

Dr. GARRETTSON reported 50 cases of dysentery and diarrhœa, all cured; about 50 cases of other diseases with a loss of three, 1 of consumption and 2 of small pox.

Dr. BUCHANAN addressed the Association in reference to the defects of our medical nomenclature, and the convenience of naming

our pharmaceutical preparations, and writing labels, prescriptions, or description of cases, &c., by terms composed of the first syllable of the name of each article entering into the compound, as Jal. Sen. Car. for the Jalap Senna and Clove powder, or common antibilious physic, etc., etc. After some discussion, upon Dr. B.'s suggestions, on motion of Dr. Hill, it was

Resolved, That it is the duty of every member of the Association to prepare a complete and accurate report of his practice, according to the form heretofore adopted, and present the same at the next regular meeting of the Association.

On motion, adjourned to the third Tuesday of May, 1850, at 2 o'clock, P. M., in the Hall of the Eclectic Medical Institute of Cincinnati.

Names of Members attending the Association.

Jos. R. Buchanan,	Geo. Black,
S. H. Chase,	J. Flattery,
Wm. King,	C. Beadle,
J. J. Smith,	S. N. Caldwell,
H. E. White,	O. R. Baker,
Samuel Clark,	Amaziah Sells,
C. Fulton,	A. D. H. Kemper,
B. F. Hatch,	O. E. Newton,
John Melvin,	A. Brown,
A. D. Skellenger,	R. R. Seaus,
J. Borton,	Jas. S. Cowdrey,
James Murray,	L. K. Rosa,
James C. Batchelor,	J. W. Hough,
J. W. Prowell,	L. E. Jones,
P. W. Sampsel,	D. C. Challen,
Jas Milot,	E. Albert Lodge,
G. W. Wallace,	S. Rosa,
Wm. H. Jones,	L. E. Ober,
J. H. Tilden,	T. W. Newman,
D. Porter Wooster,	John J. Stites,
Henry Judy,	N. Alonzo Kellogg,
Wm. C. Taylor,	Lewis Behymer,
A. R. Plank,	Thomas Donaldson,
Wm. Owens,	Wm. Bevier,
P. C. Bates,	Elias Webster,
Horatio P. Gatchell,	Wm. Webster,
Joel Dalbey, Jr.,	Bolivar C. Converse,
A. M. Stayman,	Charles Davis,
J. H. Jordan,	Norman P. Kellogg,
T. J. Wright,	L. E. Pearre,
Jease Garretson,	N. L. Vansandt,

S. F. Conklin,
S. S. Ball,
C. M. Williams,
Jeptha Davis,

J. T. Windler,
Augustus Eckert,
Coville Lee,

The documents or reports of the convention we shall probably present in our next number.

SURGERY.—Prof. DUDLEY, of Lexington, the veteran leader of Western surgery, has commenced a series of papers in the *Pennsylvania Medical Journal*, in which he proposes to embody his ample experience. The first paper, on Aneurism, is reviewed in the *Louisville Medical Journal* by an able writer, who thinks the Doctor's efforts with the pen will not redound much to his reputation, as his style is bad, and his research among authors has not been sufficiently thorough. We opine, that notwithstanding Dr. Dudley's ample resources and experience, he will be found considerably behind the times. He does not belong to the progressive class—to him phrenology, mesmerism, the improved methods of diagnosis for cardiac diseases, by the stethoscope, and a large portion of the numerous contributions to the *materia medica*, of recent date, are of no value. How numerous has been the class of eminent physicians and surgeons, whose influence has retarded the progress of medical science—who have utterly scorned the most important means of medical improvement, and limited their researches in *materia medica* to the old barren routine of calomel, tartar emetic, opium, quinine, arsenic, &c. The names of Dudley, Cooke, and Drake, who have so long and so firmly sat as a nightmare upon the medical mind of the West, are sad examples; but it is a most encouraging fact, that the public intelligence has outgrown their antiquated errors. Prof. Cooke was pensioned off by the *Louisville Faculty*, with permission to discontinue his lectures, and engage in agricultural pursuits. Prof. Dudley lectures in a college, once the glory of the West, but now declining to ruin, and Prof. Drake, having passed the meridian of his reputation, is now lecturing to a slender class in the *Ohio Medical College*. *The world is moving on*, and conservative old gentlemen must expect to be left behind.

B.

LANGUAGE OF THE PRESS.—The following extracts from the *Gazette* and *Dispatch* of Cincinnati, and *Times* of Memphis, are characterized by a very liberal spirit, and seem to indicate that when Eclectic medicine becomes generally understood, it will not lack for candid recognition and cordial support from the press.

Professor BUCHANAN'S Lecture, at the Eclectic Medical Institute, on Monday evening, was a very able and instructive discourse. The Doctor, as champion of Eclectic Medicine, endeavored to show that the orthodox Allopathic system was, in respect to scientific profundity and practical utility, far inferior to the Eclectic system. By calculating the progress of various improvements in the Allopathic and Eclectic ranks, he attempted to demonstrate that the Allopathic system was at least fifty years behind the Eclectic medicine in the treatment of cholera, hydrophobia, puerperal fever, scarlatina, cancer, and many other diseases, as well as in the knowledge of the materia, physiology, and medical philosophy. To enforce this proposition, he introduced a variety of calculations and statements, derived from American and European practice, and quoted from the most recent standard authors, confessions of their ignorance as to the treatment of various diseases, while he referred to reports of the triumphant success of Eclectic practitioners in the same diseases. He quoted from the *London Lancet* several specimens of the medical wisdom of Europe, which from the manner and in the connection they were given, excited a great merriment in the audience. He drew also a graphic portrait of a young American, familiar with the discoveries and improvements of the Eclectic school visiting Europe, and teaching the wise men of London and Paris, that while the "star of empire" was wending its way West, the star of medical science was also cultivating over the western hemisphere, and claiming that they would be compelled to turn their faces to America, if they would learn the treatment of the most familiar diseases, and the more profound facts in the physiology of man, which had heretofore defied their researches.

The lecture occupied nearly two hours in delivery, and was received with much favor by a crowded audience.—*Cin. Gazette*.

The lecture of Prof. Stallo last evening, at the Eclectic Medical Institute, was an admirable discourse, manifesting learning, originality, thought, and remarkable qualifications as a scientific teacher. Prof. S. is quite a young man, but he is an experienced and fluent lecturer. In comparing his attainments and capacities with those of the older and more distinguished chemists of the United States, we are disposed to believe that he is equalled by few as a chemical professor, and probably surpassed by none in this country. We were particularly pleased with his elevated views of the value of chemistry as the means of leading the mind to the

higher walks of philosophy. His application of certain chemical facts, in reference to poisons to the general philosophy of animate and inanimate nature, was no less profound than beautiful.—*Cin. Dispatch.*

J. MILTON SAUNDERS, Professor of Chemistry in the Memphis Institute, has arrived in our city. We were not aware of the merits of this gentleman before his arrival, because his identity had not been designated to us. If we had been informed that he was the one who discovered the Electric Light, about which considerable fuss was made, a few years since, in Cincinnati, the one that now blazes in every light house and mine in England, saving the Mariner from wreck, and the Miner from carburetted hydrogen explosions, we would have known who he was, and how to have appreciated him.

He commenced his experiments on this subject, in this country, and completed them in the Laboratory of Prof. Faraday, of the Royal Institution of London.

The degree of Master of Arts was conferred upon him by the Institute of the Apothecary's Hall (of well known celebrity) before his return to this country.

He has more recently been prosecuting experiments in search of an Electro Magnetic power. We hope that he may conclude them here with success. His researches have been greatly retarded by the destruction of his Laboratory by fire, which was worth \$1,500.

We congratulate our city, and still more the Institute in having possession of him, and an assurance of his services.

With such men as King, Newton, Powell and Saunders, whom we have seen, the Institute is fated to succeed.

It would not be out of place to add, that Prof. Saunders was elected Professor of Chemistry in the Adelaide gallery of London, and served, till he resolved to return to the United States.

In giving these historical recollections of Prof. Saunders, we have only done a little of our duty to him and to the Institution, in which he is now a Professor.—*Memphis Times.*

RESIGNATION OF PROF. JOHN T. SHOTWELL.—The old friends of that venerable and venerated institution, the Ohio Medical College, will regret to learn that Prof. Shotwell, who has so long occupied the chair of Anatomy in that school, has resigned his post. They will regret this, inasmuch as much of the popularity of that institution, which it cannot be denied, has, from certain causes, for the past few years been on the wane, depended upon the personal popularity and influence of this gentleman. This gradual, but unmistakeable decay of this old Medical School, has been noted with regret by its graduates, who represent its early fame in all quarters of the land, and that regret will be heightened by the fact that one of its main props and supports has left it.—*Cin. Dispatch.*

T H E

ECLECTIC MEDICAL JOURNAL.

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Part 1.---Original Communications.

"THE VANGUARD OF THE ARMY."

INTRODUCTORY LECTURE, DELIVERED BY PROF. J. R. BUCHANAN,
IN THE ECLECTIC MEDICAL INSTITUTE, NOVEMBER 5, 1849.

Gentlemen of the Medical Class:

I am glad to meet you again! After four months absence from collegiate duties, I am glad to stand here and find many familiar faces before me, returning to our halls with a glow of health, which indicates that they are well prepared for the arduous winter campaign of study. The severe and protracted mental labor necessary to obtain a perfect mastery of medical science, too often exhausts the strength, deteriorates the constitution, and plants the lily upon the countenance of the ambitious student. However that complexion may be admired, I prefer the rosy and rugged aspect of health, which you bring from your out door labors and professional conflicts with disease. And seeing you thus prepared, I rejoice to stand before you upon this platform and renew my labors in the spirit which may have prompted the Highlander to exclaim "My foot's upon my native heath—and my name's McGregor."

I feel that I am in my natural element when laboring here for the diffusion of knowledge and freedom, for the destruction of error and falsehood, and the advancement of everything which is calculated to promote to the health and happiness of man.

I have selected for my subject this evening, the expressive title of "*The Vanguard of the Army*," a title you will readily understand—a subject, in reference to which so much needs to be said, that I have taken the liberty of reducing my thoughts to writing—thus giving you mainly a written instead of an extemporaneous lecture. But after I had written as much as I thought proper to be uttered on such an occasion, I found that the subject was but

opened, and that a number of my best ideas upon the subject had been entirely omitted.

Life has often been compared to a battle. It is a grand struggle in which millions are engaged—a struggle with the elements—a struggle against each other—a struggle to be foremost in the race—a struggle to attain some distant goal.

They who are engaged in these struggles are rightly compared to an army—an army continually marching, continually conquering, and still finding new realms to conquer in endless progression.

In this army there are three great divisions: those who march in the van, who hew out a pathway through the wilderness and over the morass and mountain—they are the vanguard of the army—after the vanguard comes a mixed multitude, who form the centre, composed of men who have less enterprise and energy, who dare not trust themselves beyond the protection of their comrades, and who move on in large masses, under strict discipline of their leaders. There is yet another party in the rear, composed partly of those who are disabled by age and infirmity, and partly of a sluggish, stubborn class, who dislike to move too rapidly, and partly of an anti-progressive set, who are continually looking back to the past, and who detest all onward movement as dangerous and destructive.

In the medical profession these three divisions are peculiarly conspicuous, and it will be interesting at this time to sketch their relative positions. He who limits his vision to any class or portion of the medical profession, will suppose that the most advanced members of that class are the vanguard of the whole body—but he who casts his eye over the whole field, and even beyond the the field of medical science, into the realms of mystery which science has not yet reached, and toward which it is slowly approaching, will perceive clearly who is in the van—enlarging the boundaries of science, and bringing forth from the dark recesses of nature, new plants, new combinations of remedies, and new principles for the treatment of human disease.

As the number of bold adventurous spirits is always less than the number of those who prefer a life of ease and safety, and as the pioneers in the conquest and settlement of a new continent are always few in number compared to the mass of those who prefer to reside amid the safety and shelter of the older settlements and cities, so in the pioneer labors of medical science, it is probable that few will be actively engaged, while the multitude of the profession will prefer to reside quietly in the old familiar localities of the profession, which have been occupied for centuries.

There is another interesting analogy between the settlement of a country and the exploration of a science. The first settlers are generally honest, brave, free-hearted and hospitable men; living beyond the jurisdiction or beyond the reach of the myrmidons of government—they are free from all slavish discipline, and each acts

independently according to his own conscience, without asking what is his neighbor's opinion, or whether he is permitted to do this or that. While the inhabitants of the older countries are drilled into strict subordination to government, and servile obedience to fashion, the hardy pioneers live in freedom, absolute as Adam in Eden, with no master but the great Creator.

Thus it is in medical science. The multitude who dwell together in the old abiding places of the profession, are characterized by a certain uniformity in the fashion of their opinions, and by a great reverence for authority, while they who are pioneering new paths in science, have left behind them the errors of their predecessors, and disdain all trammels of authority. Thus the great multitude of the medical profession are arrayed in well disciplined masses, while the pioneers who constitute the vanguard of the army of occupation, are ever characterized by their proudly isolated independence. That the great multitude of the medical profession is now and ever has been under the control of a discipline unfavorable to rapid progress, is a most palpable fact. That profession was originally organized under despotic governments, and has attained its highest glory, and flourished for centuries in the midst of aristocratic institutions, where the highest aim, the proudest hope of the medical author, was to be permitted to associate with the nobility, and ultimately to write himself a Sir or a Baron. If these enviable distinctions could not be attained, he hoped at least to be patronized by the aristocracy, and to be chosen a member of some Royal Academy, Royal Society, or Royal College of Surgeons, in which he could domineer over the co-temporary practitioners of medicine, and exercise, in science, the same unwarrantable and despotic authority which he saw exercised in political life. The power by which such societies were enabled to refuse the illustrious Jenner a license to practice, and by which they maintained the subordination of the rank and file of the profession, was congenial to the general character of European life and European institutions, and it was from the midst of such institutions that the medical profession was transplanted to this country. Our early practitioners were graduates of European schools, and when America established her own medical schools, the professors were either imported from abroad, or were men who had acquired all they knew of the profession under the influence of foreign institutions, and were therefore thoroughly imbued with the spirit of European medicine, and eager to reproduce in this country, a fac simile of their foreign model.

Hence it is that while we have discarded European forms of government, and given to the world an American form, we have adopted the European medical profession, which has been transplanted unchanged, and continues yet unchanged in our midst, boasting that it is now as it ever has been, one and the same un-

changed body. That this main body of the medical profession, which claims so long a lineage, is really the same in spirit—that it is unchanged like the Bourbons, when they returned to France, of whom it was said, that in all their reverses, they had forgotten nothing, and they had learned nothing—may be proven by reference to the general policy of the leaders of the profession in our own country.

I need not refer to the numerous attempts which have been made to place the profession under strict surveillance, by vesting in certain little societies and cliques, the exclusive power of granting permission to practice, and authorizing them to prosecute vigorously all who rebelled against their authority. I would refer only to the last and most conspicuous act performed by the profession in its collective capacity, through its great congress, the national medical association, convened at Philadelphia, and purporting to represent the entire medical profession.

This association adopted, without remonstrance, and I suppose as a mere matter of course, in accordance with their general policy, a resolution which aims to erect a wall around the main body of the profession, which shall serve as an impassable barrier to prevent the introduction of any liberal views or independent action.

The resolution was to the effect that no medical college should ever admit a student within its walls, who came from a preceptor, who was not orthodox, or as it was called, *regular* in his practice.

This resolution answers a three-fold purpose—first, to exclude from entering the profession and commingling with its members, young men of a liberal independent spirit, who will not submit to professional trammels. Second, to insult and degrade the independent practitioner, who will not follow the regular routine of practice, because he knows it to be unphilosophical, and, third, to prevent young men from entering the offices, or cultivating the society of independent physicians, and compel them thus to fall under the influence of those who will train them to follow a regular path, and preserve a regular obedience to authority.

The object of this rule is to enforce a rigid system of professional punishment against all rebels who do acknowledge any higher authority than their own convictions of right and wrong. As fine and imprisonment are not allowable in this free country, the only mode of punishment is by a system of ostracism. The offender is cut off, and must be denounced, scorned, despised and spurned by every member of the profession who is true to his allegiance.

This method of punishment, to enforce conformity and submission, is very extensively carried out all over our country by the members of the profession, who are carefully taught in the medical schools, a rule which has been handed down from our English progenitors—that they must hold no communication whatever with men who are unfaithful to the authorities of the profession.

and must never even admit, by word or deed, that any man is a physician at all, whose opinions and practice are not such as the great authorities of the profession have sanctioned.

It is supposed that the dignity of the profession is so great, and its moral power so unlimited, that if the members of the profession refuse to recognize any practitioner as a physician, he is at once morally and medically dead. Like the Chinese, who condemn as barbarians all beyond their own celestial empire, the truly orthodox medical man will not admit that any medical science exists beyond the pale of orthodoxy. Whatever may be the inventions and improvements of the outside barbarians, he cannot condescend to notice anything beyond his own celestial empire, which dates back for its origin almost to the time of old Chaos.

A laughable instance of this Chinese pomposity and arrogance, occurred not long since, when a distinguished medical professor was asked in reference to the waning fortunes of his orthodox medical college. He was twitted with the fact that another college, which did not claim to be at all orthodox, was surpassing, in its progress, his own proud institution, and he replied, like a true Mandarin of the Celestial Empire, by denying that there were any such physicians, or students, or any such classes, or any such college as had been mentioned, because they were beyond the pale of the legitimate profession, and therefore, scientifically speaking, they had no existence in the medical profession.

Such men seem to suppose that if they shut their eyes, and refuse to recognize a fact, it ceases to exist. They act like the ostrich, which, when hard pursued, and seeing no mode of escape, at last refuses to recognize the huntsman, and plunges its head in the sand, supposing that thus it may preserve its dignity to the last.

This system of absolute and rigid non-intercourse, has been carried to a most ridiculous length. Prominent members of the medical profession have declared, that they would never hold any intercourse, either professional or social, with those who deviated from medical orthodoxy—that they would not associate with any one who would extend them countenance, and that they would not enter the temple of God in fellowship with those of heterodox faith in medicine. Such have been the lamentable and ridiculous extremes of medical bigotry in our own country, the very land of freedom.

I do not mean to say that such is the spirit of all of the orthodox class; but such have been the manifestations of the most zealous and distinguished conservatives, against which the profession generally make no protest.

The general concurrence of the more distinguished and influential members of the profession in the rules of non-intercourse with independents, and the passive acquiescence of the greater portion of

the profession, sufficiently demonstrates that the multitude of the profession are governed by the rigid discipline derived from Europe.

The honor of rebelling against such a system of discipline was reserved to America. Here a liberal party exists, which utterly scorns and repudiates the restrictive system, and here the battle is now in progress between conservatism and liberalism; between the aristocratic system of Europe and the democratic system of America.

To illustrate the position of these two parties, I would refer to a conversation which recently occurred between two gentlemen who occupy a prominent position as champions, respectively, of conservatism and liberalism. After a statement by the liberal professor, of his views of medical science, and the method of medical practice, the conservative remarked that their views were as far apart as the east and the west, and that he did not regard those as belonging to the same profession with himself who entertained such sentiments. But, he contended, he belonged to the great unitary profession, which had one literature, one organization, one faith, one undivided body, from the time of Hippocrates down.

As the very existence of this imaginary catholic unity was compromised by the existence of colleges and practitioners, whom he would not recognize as members of the same profession, it was necessary for him to get rid of the difficulty. It was necessary for him to quell the dissensions of the medical church, by establishing a high and infallible papal authority, to preserve its unity. He accordingly assumed the position in conversation, that when such differences existed among medical men, there must be a supreme tribunal to determine what was true, and which should prevail.

The liberal professor replied that there was *de facto* a supreme tribunal to which all must bow, because it had the power to enforce its decisions. That tribunal consisted of the entire mass of mankind, both in the profession and out of it—of which tribunal every individual was a member, and from the decisions of which tribunal no appeal could be made. This mighty tribunal, he remarked, could raise up or put down practitioners, colleges, professions, and medical doctrines, to this tribunal you and I must equally submit.

This proposition struck the conservative professor as an odious heresy—he utterly repudiated the idea that the general intelligence of mankind had any right to an influence or control in any such matters; he could not brook the idea that the patrons of the medical profession, from whom it derives its entire means of existence, should have any voice in determining the kind or quantity of drugs which they should swallow; or should presume to decide the comparative success of the different modes of practice. He contended that the supreme tribunal was in the medical profession alone and exclusively, and that whatever the medical profession, in its assembled wisdom determined to be orthodox, must be received as

the established science, from which all deviations, it is generally understood, are to be visited with the penalty of excommunication.

Of the manner which this excommunication is carried out and enforced, we have had a number of examples. A medical college devoted to liberal principles, no matter how large its classes, or how reputable its faculty, is not even mentioned in the catalogues of colleges and students published in orthodox journals. A medical essay published in a liberal journal is seldom or never noticed in an orthodox organ. Statistics of practice, or announcements of new remedies and discoveries in liberal journals, are never quoted by the conservatives. No compliment to the talents, worth or learning of a liberal physician ever illuminates the pages of conservative journals. On the contrary, scoffing, slander, and misrepresentation abound. A medical journal of the west declared of a large and influential portion of the profession, (governed by liberal sentiments) that there was not a single man in the whole fraternity with whom a respectable physician would associate; and one of the most distinguished physicians of the east declared, even in a court of justice, when interrogated in reference to a system of medical practice pursued by a large number of the most scientific men of the United States and Europe, that he considered such a system a mere system of knavery in the physician, and credulity in the patient.

Thus we have high medical authority for the proposition, that throughout the United States and Europe, among the thousands of learned men who have rejected the old school system, there are none but knaves, charlatans, impostors, quacks, with whom no man who respects himself, should ever associate. Such is the absurdity, the falsehood, and profligacy which now domineers in the ranks of orthodox medicine.

I think it has been sufficiently shown that the central body, the middle multitude of the profession is thus governed by a rigid discipline, which every liberal mind should scorn, and that they who would introduce radical changes and improvements, must necessarily be excluded from this main body by its restrictive rules. Thus the vanguard of the profession, while engaged in exploring new paths in nature's untrodden realms of science, are excluded and far removed from all communication with the disciplined multitude.

In every profession, the vanguard by whom they are led on in a career of improvement, are composed of men of liberal minds, who have sufficient moral courage to stand alone and wait until the present or some succeeding generation shall reach the point to which they have attained. If you would know what they have achieved, you must ask not their cotemporaries of the mixed multitude; but their friends who have watched their labors, and rejoiced in their success.

The vanguard of the medical profession in America at the present

time, have accomplished much of which they may be justly proud, and which places them far, far in the advance of the orthodox multitude. Scorning all names which would in any way restrict or limit their position or their progress, they recognize only the liberal all comprehending title of Eclectic, which indicates their determination to gather and retain all knowledge that may be desirable, and never in their eager pursuit of the new, to overlook or to destroy that which is old and well established.

They glory in being reformers, but not destructive levelling reformers—not rash partizans, who despise the fruits of all past experience, and aim only to bring forward some favorite hobby—some single idea, as narrow as the errors which preceded it, for which single idea, all cotemporary wisdom and experience must be discarded.

The Eclectic party recognizes but one great aim and duty—that aim is not the dignity of the medical profession—not power—nor fame—nor wealth, but the salvation of human life and happiness.

The glory of the Eclectic party, therefore, is that it advances farther in the knowledge of the means of relieving disease—that it has heretofore been more successful in the salvation of life, and that it is continually progressing in the improvement of practical medicine, far beyond the position occupied by the multitude.

Let us look at the condition of medical science with the old school party, who constitute the innumerable multitude of the profession, in comparison with its progress among American Eclectics. When the cholera first visited America in 1832, what was the condition of old school medicine? It prescribed then, as it still prescribes for the treatment of cholera, calomel, opium and the lancet. In vain has this terrible disease slaughtered millions in Asia, Europe and America, while old school medicine relied upon such agents. In vain does a vast and varied experience tell us that under the lancet, calomel and opium treatment, one-half the cholera patients perish—still calomel, opium, and the lancet rule amid the darkness of the schools, and the medical man who dares to reject or denounce their use, does so at the peril of his professional standing.

When the disease came to America in '32, Eclectic medicine encountered its ravages in New York, in Kentucky, and in various localities in the United States. The extraordinary success of the Eclectic treatment almost disarmed the disease of its terrors. It is deeply to be regretted that accurate statistical accounts were not preserved; but as well as we can learn, the results then were very similar to the results at the present time, and the mortality of cholera patients was between four and six per cent. Since that period some improvements have been introduced in our plan of treatment, but the general features are still the same; and the relation between Eclectic practice and the stereotyped calomel and opium treatment, has been a disproportion of ten to one in the mortality.

The mortality of 1503 Eclectic cholera patients in Cincinnati, was sixty-five, or four and one-third per cent—ten times that amount, or forty-three per cent. would be a sufficiently moderate estimate for the mortality of cholera under the calomel and opium treatment. When we have so many reports of European writers exhibiting a mortality of fifty and sixty per cent., it would certainly not be ungenerous to place the Allopathic cholera mortality as low as forty-three per cent.* An allopathic cholera report exhibiting a mortality of only twenty-three per cent. would be complimented by the Allopathic press on account of the skill displayed in saving seventy-seven per cent. of the patients, and yet this would be *five times* as great a mortality as belongs to the Eclectic practice.

Is it credible that in this free, enlightened country, the horrid results of Allopathic practice should be defended by colleges and by medical journals, and be sustained by the moral force of the great mass of the medical profession? Is it credible that any medical man should endeavor to stifle enquiry, when every month's publications exhibit the contrast of the liberal and the Allopathic practice.

As an illustration of the comparative condition of medical science, in the progressive and conservative portions of the profession, let us look at the last number of that most orthodox organ, the London Lancet, which I now hold in my hand. In this we have the proceedings of a medical society, which assembled in London, for the consideration of the cholera—the faithfully reported wisdom of some of those, who in the high places of the profession, are supposed to concentrate the light of the age, and to be thereby entitled to guide and control the humbler ranks of the profession.

We have here the proceedings of an extraordinary meeting of the society in reference to cholera, (August 16th 1849) which was attended by about fifty medical gentlemen—Mr. HILTON F. R. C. S. in the chair, and Messrs. HAWKINS, DENDY, HUGHES, BARLOW, REES, and others of distinguished name participating in the proceedings. While holding in my hands this organ of British medical wisdom, I should be proud to take up an American publication—our own Eclectic Medical Journal, and compare the discussion on cholera in the South London Medical Society, with the discussion of the same subject in our own Eclectic Medical Society of this city convened near the same time for the same purpose. In the one we find learned confusion, contradiction, failure, and acknowledged

* Dr. Watson (no one stands higher as Allopathic authority) admits that he, like the rest of the profession, lost half of his cholera patients. The "Lancet" of this city, the organ of the Ohio Medical College, expresses the opinion that one half of all the cholera cases with rice-water discharges, prove fatal under any treatment; and the Boston Medical and Surgical Journal, in its last number says, in speaking of cholera, "Physicians must everywhere confess that they do not yet understand the character of the disease. *Only a moiety recover* out of the millions who have been attacked."

ignorance—in the other, we find remarkable harmony and unanimity, remarkable general success, and the same kind of agreement or coincidence which we find among the cultivators of any science, which has closely approximated to exactness and certainty. In the one case, all are uncertain what should be done, and are conscious that they cannot accomplish much—in the other, all are decided and clear—confident in their power of controlling the disease, because they have already met with triumphant success. In point of practical skill and success, the two reports exhibit a contrast worthy of a thousand years interval, whereas, they are in fact the proceedings of contemporary bodies of medical men in Europe and America—or rather in London and Cincinnati.

I will read you some extracts from this remarkable report in the *Lancet*, which commences with the remark, that “the greatest diversity of opinion prevailed respecting both the treatment of cholera and its nature.”

This report is remarkable, especially for the very candid confessions of the speakers as to their ignorance of the proper treatment of the disease. It has been thoroughly proven in our Eclectic practice, that cholera may very often be cured *in the stage of collapse*; but this result seems to have been beyond the reach of the South London Medical Society. The first Speaker whose remarks are given, Mr. HICKS suggested that “cholera cases might be divided into three classes,” in the first two of these classes, he thought the patients if “not too far gone” might be relieved. But in the third stage, where the patients were in a state of collapse, although he had applied mustard poultices, together with brandy, chloroform, ether, ammonia, and other stimulants; *yet in no cases at this stage, had these remedies been attended with success.*”

The next Speaker, Dr. MURPHY, took the same view “with regard to the treatment in the stage of collapse, *he found that he only knew what remedies did no harm*, for he knew of no certain means of cure.” “When the collapse stage arrived, *unless galvanism did something, no other remedy was capable of propelling the crassamentum of the blood through the veins.*” !!!

However, in Cincinnati we have not found it necessary to use the venous injections introduced by Dr. Murphy for the purpose of dissolving and propelling the crassamentum. Dr. Jordan of the Cholera Hospital, reports twenty-seven cases of collapsed cholera patients, successfully treated by Eclectic remedies. It would seem therefore, that we have something within our reach, more powerful (according to the learned Doctor)—more powerful than galvanism for propelling the stagnant crassamentum of the blood!! These learned follies are rather laughable affairs; but the death of the poor victims of medical error, gives rather a tragical termination to the farce. The next Speaker, Dr. BARLOW, concurred in what had been said respecting the *impotence of medical treatment*

when the disease was malignant, and had arrived at its latter stages. The worst cases that he had seen, where recovery had followed, *little or nothing had been done*; perhaps a little calomel and camphor had been given, but the patient had not been exhausted by overheat, or *the heaping up of bed clothes.*"!!

Here is medical science in its glory—the patients in the worst attacks of a formidable disease, owing their recovery, not to medical treatment; but only to their not "*heaping up the bed clothes.*" "The impotence of medical treatment when the disease was malignant," frankly confessed!

Let us look farther at the exhibition of London Medical wisdom.

"Dr. DENDY believed that the only real *antidote for cholera was calomel.*" On the other hand:

"Dr. WATERWORTH, said the calomel treatment had been tried in 1832 and *had failed.* *Until they knew something* of the nature of this poison, whether it was in the nervous system or in the blood, *it was impossible* AND USELESS TO GO INTO THE TREATMENT OF THE DISEASE!! In cases, in which collapse had taken place, he thought that he had seen more recoveries where nothing had been done than where he had interfered."

Gentlemen this is no hoax! It is the celebrated orthodox London Lancet, for October, 1849, from which I am reading, and which you can consult at your leisure. The low estimate of medical skill in cholera expressed in the society, reminds me, that during our late epidemic, one of our Cincinnati wags, a strong advocate of brandy and a great skeptic in medicine, proposed that an appropriation should be made by the city authorities for the benefit of the orthodox medical profession—that each should be allowed a handsome salary, with a sufficient amount, not only to enjoy life, but to pay his traveling expenses, and that then they should be sent abroad with permission to *travel for the benefit of their health*, until the cholera subsided.

This half jocular, half serious proposition seems to derive some slight countenance from the proceedings of the London society with their confession of the "*impotence of medical treatment,*" and the uselessness of pretending to treat the disease until they knew more about it.

Let us read another extract:

"Dr. REES had tried the application of cold water to the surface; charcoal had also been greatly recommended; and he had used carbonic acid. The calomel and opium treatment had also been tried freely, and he was now trying the *bichloride of mercury*; but so far as he had seen *no single plan*, he repeated, *showed any great advantage over any other.*"

After thus confessing the failure of all the orthodox plans, in what direction do you suppose he looks for improvement? Does

he propose to adopt any of those more rational means, which have in the hands of others proved successful? Does old school medicine, when conscious of ignorance, learn from those whose success demonstrates their knowledge? Far from it, Dr. R. still follows the same orthodox path of absurd theories and destructive remedies.

"The true remedy for the disease, would, in his opinion, be found to be something that would unite with animal poison, such as BICHLORIDE OF MERCURY, ARSENIC, CREOSOTE, TANNIN, &c."!!!

Such is the report, as printed here in the London Lancet! Is not this blundering ignorance disgraceful to the age? Is it not an outrage upon humanity, that a medical science thus benighted, yet handling these instruments of death, should, still like a huge blind giant struggling to find his path, inflict death and calamity upon the race in its convulsive movements?

Is it not a burning shame that in the very focus of English medical science, one of the most familiar, most wide spread, and most devastating diseases known, should be acknowledged to be beyond their skill and resources—a disease so very simple in its pathology and therapeutics, that men and women without any medical education whatever, have treated it with signal success, by following the indications of common sense. At Sandusky city, during the late awful ravages of cholera, a young lady fell under its influence, and despite the attentions of medical men, was soon given up to die. At this stage a *well digger* came in, with a supply of spirits of turpentine, and took the dying female under his faithful care. He continued his attention, and the administration of this simple but efficient remedy, until he restored her to life and health. In this city, men without any thorough medical education, or without any medical education at all, were more successful than the most learned Allopaths. A negro barber having the good sense to obtain those medicines which he saw producing the best effects in the hands of medical reformers, treated a large number of cholera patients with a remarkably small mortality. When I first heard of his operations, he had cured every case that he had treated except one, which had been previously in a very low condition, under the treatment of an old school physician of high standing—yet, even in this case, it was admitted that the barber prolonged his life.

One of the best examples of cholera practice of which I have heard, occurred in the eastern part of this State, where a benevolent and enterprising farmer undertook to investigate the disease and protect his fellow citizens. He succeeded in gaining their confidence, and distributing his remedies extensively through the community, to be used on the first approach of the disease. The consequence was, that although many felt the premonitory symptoms, not a single individual of his town died of the disease, excepting an old school physician, who stubbornly refused to the last to

take the farmer's remedies. The farmer is now generally styled a Doctor, and as I have seen his cholera recipe, I can certify that he is an admirable doctor in that disease at least.

Is it not a lamentable state of the medical profession, when men from all ranks of life are capable of rising up uninstructed, and surpassing by the force of untutored common sense all that colleges and societies can accomplish in Europe?—when a disease is permitted to pursue its career, slaying millions, which may be controlled by the wood ashes from our hearths, or by the familiar condiments which stand in the center of every dinner table?

It is to such science and such leaders as these that we are required to bow the knee.

Let us look again at the concluding declarations of the society, after their edifying discussion.

“Dr. HUGHES said he knew very little of the subject matter of discussion when he entered the room, and now he knew less. (*A laugh*) All the gentlemen who had spoken appeared to hold different opinions as to the best remedy for cholera.”

Finally, the chairman very wisely remarked as the meeting concluded: “*They had not acquired much information to-night, regarding the treatment of the disease.*”!!

This remarkable document, gentlemen, ought not to be forgotten—you should have it framed and hung up in your offices. As Gen. Jackson said of one of his presents, that he would have it hung up as a mirror, so hang this up as a mirror of the state of medical science at the time when you commenced your labors in the cause of reform.

There are, I am aware, a few Allopathic physicians who approximate closely to the Eclectic practice in cholera, and I doubt not that in time the whole Allopathic body will substantially adopt the Eclectic principles for its treatment. But let it be borne in mind that the Eclectic party, the vanguard of the profession, have already, for nearly twenty years, maintained and practiced upon principles which give them a vastly greater success, and which the most advanced members of the Allopathic profession are just beginning to approach.*

Then if the Eclectic vanguard of the profession has stood for nearly twenty years in that position which the most advanced individuals of the Allopathic school are just beginning to approach, how far stands the Eclectic vanguard in advance of the main body? I presume it will be more than thirty years before the main body of the Allopathic profession will assume the position which we have attained—it will be more than thirty years before the whole pro-

* Dr. Hawthorne, the most successful English practitioner in cholera, repudiates mercury, and announces as a new discovery, the principle of maintaining perspiration, which has so long been the leading Eclectic principle.

profession has learned to treat the cholera with a mortality of less than five per cent.

Thus, counting from the certain past to the probable future, we perceive that there are fifty years difference in the progress of these two parties—between the time when Eclecticism first reduced the mortality of cholera in proximity to five per cent., and the time when Allopathy shall have accomplished the same. The vanguard of the profession stands, by fair calculation, half a century in advance of the multitude.

And yet this scornful Chinese profession wraps itself up in its dignified ignorance, and refuses to learn!

How is it in all other diseases? There may not be an interval of half a century in reference to each, but there is a wide interval between the orthodox multitude and the Eclectic vanguard.

(To be continued.)

ILLUSTRATIONS OF ECLECTIC PRACTICE.

EXTRACTS FROM CORRESPONDENCE, REPORTS, &C.

In compliance with a resolution of the last National Eclectic Medical Convention, I submit the following report, which embraces the cases treated in my practice since July 15th, 1848, up to the present time, May 15th, 1849, a period of ten months.

T. V. MORROW, M. D.

NAME OF DISEASE.	NO. OF CASES.	MEDIUM DURATION OF TREATMENT.	CURED.	BENE- FITTED	DIED
Worms,	8	6 days.	6		
Cancer,	4	30 "	4		
Cancer and Induration of Uterus,	12	60 "	10	2	
Anneurosis,	8	25 "	8		
Acute Rheumatism,	15	10 "	15		
Catarrhal Fever,	30	3 "	30		
Intermittent Fever,	48	4 "	48		
Inflammation of the Lungs,	20	5 "	20		
Dyspepsia,	26	30 "	22	4	
Labor,	12	4 hours.	12		
Gynanche Tonsillaris,	22	3 days.	21		1
Cholera Morbus,	19	2 "	19		
Hemorrhoids,	20	30 "	18		
Constipation,	10	10 "	10		
Puerperal Fever,	7	4 "	7	2	
Acute Ophthalmia,	14	5 "	14		
Chronic Hepatitis,	23	36 "	23		
Spinal Irritation,	6	20 "	6		
Ulceration of the Legs,	10	60 "	9	1	
Inflammation of Brain,	4	6 "	4		
Fungus Hematodes,	2	12 "	2		
Leucorrhœa,	25	28 "	20		

NAME OF DISEASE.	NO. OF CASES.	MEDIUM DURATION OF TREATMENT.	CURED.	BENE- FITTED	DIED
Furunculus,	6	2 days.	6		
Chronic Diarrhœa,	12	40 "	10	1	1
Consumption,	12	50 "	8	2	2
Measles,	20	5 "	20		
Epidemic Influenza,	25	3 "	25		
Diarrhœa,	30	6 "	30		
Pleuritis,	7	3 "	7		
Neuralgia,	8	30 "	6	2	
Acute Bronchitis,	15	4 "	15		
Chronic do.	5	30 "	5		
Wounds,	6	5 "	6		
Remitting Fever,	24	4 "	24		
Croup,	6	3 "	6		
Dysentery,	16	3 "	16		
Threatened Abortion,	3	1 "	3		
Apoplexy,	2	7 "	2		
Cholera Infantum,	12	10 "	12		
Marasmus,	7	30 "	6		1
Asthma,	7	35 "	5	2	
Scrofula,	15	60 "	14	4	
Nephritis,	7	5 "	7		
Variola,	5	12 "	5		
Varioloid,	6	4 "	6		
Important Surgical Operations,	3		3		
Scarlet Fever,	15	4 "	14		1
Poison by Arsenic and Opium,	1	2 "	1		
Tumor of the Rectum and Colon,	1	30 "	1		
Anasarca,	2	10 "	2		
Hydrothorax,	3	20 "	3		
Ascites,	2	35 "	3		
Abcess,	12	6 "	12		
Erysipelas,	10	4 "	10		
Hysteria,	6	14 "	6		
Ship Fever,	8	10 "	7		1
Masked Ague,	15	6 "	15		
Curved Spine,	5	37 "	3	2	
Pertussis,	5	15 "	5		
Delirium Tremens,	2	18 "	2		1
Hydrops Articuli,	5	28 "	5		
Fistula in Ano,	8	50 "	8		
Gonorrhœa,	8	5 "	8		
Sore Nipples,	5	6 "	5		
Hæmoptysis,	8	36 "	6	2	
Bilious Cholic,	4	2 "	4		
Erythismus Mercurialis,	10	15 "	10		
Acute Cystitis,	3	3 "	3		
Chronic do.	6	17 "	6		
Congestive Fever,	10	6 "	10		
Herpes,	27		20	7	
Otitis,	3	2 "	3		
Paralysis,	8	3 "	8		
Typhoid Fever,	8	7 "	8		
Inflammation of Uterus,	4	10 "	4		

NAME OF DISEASE.	NO. OF CASES.	MEDIUM DURATION OF TREATMENT.	CURED.	BENE- FITTED.	DIED
Flatulent Colic,	10	1 days.	10		
Cholera Spasmodic,	69	2 "	60		1
Amaurosis,	6	20 "	4	2	
Cataract,	5	60 "	3	2	
Odontalgia,	12	1 "	12		
Syphilis,	5	20 "	5		
Cystorrhœa,	4	15 "	4		
Stricture of Rectum,	2	18 "	2		
Necrosis,	4	20 "	4		
Uterine Hemorrhage,	3	2 "	3		
Angina Pectoris,	3	25 "	2	1	
Hæmaturia,	5	10 "	4	1	
Varicose veins,	4	20 "	4		
Ague in the breast,	4	5 "	4		
Diabetes,	3	15 "	2	2	
Hectic Fever,	3	15 "	2	1	
Coryza,	3	20 "	2	1	
Polypus,	3	22 "	2	1	
Splenitis,	2	18 "	1	1	
Jaundice,	3	14 "	3		
Epilepsy,	4	60 "	2	2	
Chorea,	2	60 "	2		
Functional derangem't of Liver.	24	24 "	24		
	840		782	49	9

Dr. T. V. Morrow makes the following report of cases treated by him during the past five and a half months:

	Cases.	Av. Duration of Treat.	Deaths.
Inflammation of Lungs,	8	4 days.	0
Masked Ague,	20	5 "	0
Inflammation of bowels,	5	6 "	0
Intermittent Fever,	28	3 "	0
Diarrhœa,	250	2 "	0
Constipation,	6	3 "	0
Remitting Fever,	30	5 "	0
Rheumatism Acute,	8	10 "	0
Cynanche Tonsillaris,	10	2 "	0
Chronic Diarrhœa,	17	20 "	0
Rubeola,	15	4 "	0
Phthisis Pulmonalis,	8	30 "	2
Dyspepsia,	34	25 "	0
Hemorrhoids,	30	25 "	0
Colic Flatulent,	4	4 hours.	0
Dysentery,	280	3 days.	0
Chronic Rheumatism,	12	30 "	0
Hæmoptysis,	17	20 "	0
Cancer and Induration of Womb,	20	40 "	0

	Cases.	Av. duration of Treat.	Deaths.
Chronic Hepatitis,	34	29 "	0
Worms,	18	7 "	0
Leucorrhœa	18	30 "	0
Congestion of brain and spasms,	1	2 "	1
Colic Biliou,	2	5 hours.	0
Typhoid Fever,	9	20 days.	0
Puerperal Fever,	2	4 "	0
Cholera cases omitted, having been previously reported.			

Dr. BORTON reports 525 cases (independent of obstetric practice,) during twelve months prior to May 1, 1849. The average duration of cases was 12 days and a half, the total number of deaths seven.

Cases treated by Wm. KING, M. D., since March, 1849.

	Cases.	Deaths.
Typhoid fever,	30	0
Scarlatina,	15	0
Pneumonia,	10	0
*Dysentery,	10	0
Cholera morbus,	8	0
Ship fever, (English,)	4	0

Treatment of Dysentery about as follows: 1st, Neut. Physic, until it operated as a mild cathartic; Diaphoretic powders as anodyne. Most important treatment was injections of Borax dissolved in catnip tea; occasionally when there was great pain, add a few drops of Laudanum to the injection, giving Borax and Loaf Sugar $\frac{1}{4}$ & 4 to 6 grains put on the tongue every two hours; mustard, &c., applied over the abdomen.

From Dr. S. E. PEARRE:

"I treated during the last year, about 500 cases of disease, with but two deaths; one of consumption of four months standing when I saw it first; the other of croup. I treated 15 cases of cholera, 20 of typhoid fever, all successfully. Also a large number of the prevailing diarrhœa of the season, and dysentery successfully; and 2 cases of Diabetes Mellitus. The other diseases treated were about in the proportion of common experience."

Report of cases treated by T. J. WRIGHT, M. D., from the first of May to the first of November. In all, two hundred—deaths, four.

Of cholera 3; meningitis 1; 85 of cholera and cholerine; dysentery and diarrhœa 30; the others of various diseases. The treat-

* Dr. K. was sick during the prevalence of Dysentery.

ment of cholera, diarrhœa, and dysentery, I hereunto annex. The other diseases were all treated according to the principles taught in the Eclectic Medical Institute.

TREATMENT OF CHOLERA.—In all cases the patient was placed in a recumbent position. In cases attended with nausea, vomiting, and diarrhœa, that external applications were used, consisting of hot bricks, salt or sand in bags, and water in bottles, applied to the trunk and limbs; giving as soon as possible, the acetous tincture (in some cases) of Lobelia and Sanguinaria, followed by the neutralizing extract, combined with the tincture of Xanthoxylon Fraxineum Bac.; in some cases the sudorific tincture in connection. In many cases the Guaiac preparation was used; brandy sling was found very useful. Also, injections were used, made of the neutralizing powders, tincture of Xanthoxylon Fraxineum Bac., and Sudorific tincture; sometimes the tincture of opii combined. This course was continued until perspiration flowed freely, and continued for a time afterwards.

In the spasmodic stage the following compound was found very valuable, and depended upon very much. R Comp. tinct. of G. Myrrh 3ij; Tinct. of Cayenne 3ij; Tinct. of Cypripedium Pubescens 3jv, and Tinct. of Lobelia seed 3viiij—mix. Given in doses varying from 3ss. to 3ss. at a time, in brandy and water, and repeated every fifteen minutes, sometimes oftener; in others not so often, until the spasms ceased.

In the collapse stage, or likely to go into it, "Hunn's Life Drops" were principally depended upon, given in various doses from 3ss to 3ss every fifteen or twenty minutes, in brandy sling, rubbing the patient at the same time with a mixture of salt, cayenne and mustard. Brisk friction was resorted to both in spasms and collapse, with decided advantage.

In addition to the above, various other compounds and simple agents were used, and other means resorted to in cases that did not yield as soon as expected to the above treatment. Among them are mustard sinapisms, cloths dipped in hot water and wrung dry, or nearly so, and applied to the abdomen and thorax, and changed every five minutes. Blankets were used in the same way in some few very bad cases. Compounds consisting of nervines, sudorifics, anti-spasmodics, antacids, anodynes, and astringents were variously compounded to suit the cases. In some cases the tinct. of camphor was used to good advantage, given in water.

In a few cases which assumed a low typhoid type, after having been treated by other physicians, I commenced with stimulants, but found the patients sinking. I was under the necessity of changing the treatment. In place of stimulants, ice, and ice water, were given to the patients, at the same time applying cloths dipped in ice water, to the trunks, in connection with injections of cold water, and in case of spasms, brisk frictions, which resulted very favorably.

In these cases, the patients complained of great internal heat; there was nausea, vomiting, and in some, spasms, and continued diarrhoea. In these cases I found the tincture of camphor very valuable in small doses, after reaction had taken place, given in ice water.

TREATMENT OF DIARRHŒA.—In some cases I gave emetics, followed by mild cathartics, astringents with antacids, in connection with injections of the neutralizing powders, (infusion or decoction of) containing a portion of the sudorific tincture. In some cases, injection of mucilage of slippery elm bark and sudorific tincture. Vinegar and water, saturated with salt, were given in teaspoonful doses to children every hour or two hours, until the bowels were completely evacuated. Leptandrin and Podophyllin have been used very successfully in the proportion of three parts of the first to one of the second article, given in doses varying from *ij* grs. to *vij* grains to adults, every five hours. Bathing with ley, and in some cases of debility followed by decoction of *Quercus Alba*. Diaphoretic and hepatic powders, singly and combined, were given in divided doses. In cases of much pain, fomentations and mustard sinapisms were found very valuable. The neutralizing extract has been more generally used than any one compound. The most favorable results have been obtained from the use of the spirit bath.

TREATMENT OF DYSENTERY.—In mild cases, the neutralizing extract was given to children in tea-spoonful doses, every half hour, and was found successful. As a general rule, I gave in the first place an emetic or an emeto-cathartic. If the emetic was given only, a cathartic was given immediately after; in some cases followed with small doses of the hepatic powders, alone, or combined with the diaphoretic powders, and continued for a day or two, resulting favorably. In other cases, cathartics only were given. The following preparation is, perhaps, one of the best that has been used. Take Leptandrin three parts, and Podophyllin one, given in doses of from *jgr.* to *ijj* grs., every four or five hours. Diaphoretic powders have been found very valuable in all cases where there was much pain, attended with a dry skin. In cases of irritation bordering on inflammation, mucilaginous drinks of slippery elm bark and marshmallow were found very valuable. Sinapisms and fomentations were used and found very valuable also. Injections in this also were found very valuable assistants to the more important articles of the treatment. Bathing was attended with favorable results. But the most important results in this, as well as in diarrhoea, were obtained from the use of the spirit bath.

Nov. 1st, 1849.

T. J. WRIGHT.

From Dr. A. P. BALDRIDGE, Springfield, Ohio:

"I visited and prescribed for some twenty-five cases of cholera.

All of them had rice water discharges, and a majority of them vomiting and cramps. Six cases ran into the collapse stage; two of them recovered. One raised out of the collapse, but died in the fever succeeding; the other three died in the collapse. Three of them under five years of age, and one sixty-five.

Beside the above cases, I visited and prescribed to from seventy-five to one hundred, laboring under the cholera diarrhoea, commonly called cholérine.

TREATMENT.—I commenced my treatment by first administering the following syrup, viz :

℞ Myrica Cerifera,
Cypripedium pubescens,
Hydrastus Canadensis,
Xanthoxylon Frax.,
Fraseria Caroliniensis,
Prunus Virginiana,
Monarda Didima,
Pycnanthemum Virginica or Prairie hyssop,
White Ginger, âà 2 oz.

Add a sufficient quantity of water, and boil in a close vessel. Boil and strain repeatedly, until the strength of the articles is extracted, then reduce the liquid to one quart, to which add one pint Compound Tinct. Myrrh, in which 3v of the oil of Peppermint had previously been put. Take Molasses one quart, French Brandy one pint, Capsicum 3j, steeped in one gill of hot water. Mix well together.

To four ounces of this stimulating Anti-Spasmodic Syrup, I added one ounce of Sudorific Tincture, and gave in severe cases, one table-spoonful every ten or fifteen minutes; and between each dose, gave a table-spoonful of the tea of the Neutralizing Cordial. My external applications to the bowels were various, but the one which I found to be most effectual, was flannel cloths, wet with spirits of Camphor, and applied to the bowels as hot as could be borne, changing them frequently. In cases of collapse, in addition to the above, (but not giving the above medicine so freely,) I gave Hunn's Anti-Spasmodic mixture, in brandy sling, alternating with the oil of Pennyroyal, the former in doses of from fifteen to thirty drops, and the latter from three to five drops every ten or fifteen minutes, or half an hour, as the case required. And at the same time had the body frequently rubbed with hot brandy or alcohol, made stimulating with the oil of Sassafras. If the serous discharges continued, I gave an enema prepared thus: ℞ Starch, from one to two table-spoonsful, and as much cold water as would form it into a thick paste, then pour over it one pint of strong decoction of the Geranium Macutatum; when blood warm add a tea-spoonful laudanum. Give the whole at once, and retain as long as possible. In some cases, I gave Cholagogue, such as our com-

mon Hepatic powder, or Podophyllin, every three or four hours, until bilious discharges were produced.

When the reaction took place, to prevent too great febrile action, I gave small and repeated doses of Dr. Beach's Diaphoretic powders, with warm diluent teas. Kept the bowels open, with Anti-bilious powders, or Castor oil, to which was added one sixth part of the spirits of Turpentine.

In several of the cases I attributed much of my success to not suffering them to evacuate the bowels on every desire to do so. I restrained them by mechanical force if necessary.

In the cholera diarrhœa, I was successful in every case. But many of the regular quacks' cases ran into the dysentery, and died. And many of them would have died, but their minds changed, and they betook themselves to a more rational practice, and were soon well.

I have been informed by those who have had opportunity of knowing, that not a single case of cholera, where the patient had the rice-water discharges, has been cured by the old school physicians. And one of their most prominent physicians, I believe, has stated that they were incurable."

From Dr. Eckert:

"I have treated nearly every variety of disease that is incident to our climate, and that I have treated them on true Eclectic principles; I find by running over my day book, that I have treated three hundred and sixty-five different patients since the first day of last June, which is a few days over five months, and if I were to count the cases, it would amount to more, as some of the same persons have been attacked with different diseases within the time stated; but of the above number, eleven have died as follows:

A man aged 37 years, a habitual drunkard, was nearly dead drunk for six days, had no evacuations from the bowels for five days when I first saw him; bowels very much distended and very tender, &c.; purple along the spine and under parts of his thighs; died the second night after I saw him; four small children (of dysentery); an old lady, 72 years of age, far gone when I was called (dysentery); an old man, sick six days when I first saw him (dysentery); an old lady, after five days of extreme suffering, of intussusception of the bowels; an old man, of congestive fever with induration, followed by abscess of the liver. He would not take medicines, said he would as lief die as live anyhow. A man about 33 years of age, of acute inflammation of the stomach and bowels, attended with delirium, vomiting, and involuntary discharges from the bowels; died the fourth day; two small children, of one family, the oldest I saw but once, it was vomiting and purging very thin discharges, and I could classify its disease with none but cholera. The other, a small babe; I saw it twice, could not attend

on account of the distance and an over pressure of business; it lived eight or ten days after I saw it last; they did not call another physician, preferring nature to an Allopathist; cholera infantum, with severe aphtha; (thus you perceive that I have labored under disadvantages, hard to overcome in the most of the cases which have proved fatal. I can further state, that I have a great many calls that I could not attend to, and can say to those, preparing themselves for the practice of medicine on Eclectic principles, that they need not fear—the harvest is great, but the laborers are few.

Miltonville, Nov. 5th 1849.

AUGUSTUS ECKERT.

From Dr. S. J. Lewis,

PT. ISABEL, CLERMONT CO., O., Nov. 23d, 1849.

“Dear Sir.—I have been practicing in this place a little better than a year, with the best of success. During the last summer, in something near or over one hundred cases of cholera, we have lost but one case which was in the collapsed stage when first called. I have also attended about thirty cases of flux, with entire success; while the old school around me have lost nearly every case. I have lost but four cases in my whole practice of upwards of seven hundred cases of every common variety of disease.

The Reformed Practice is growing in popular favor in this section very rapidly. I have at this time three students, who b'd fair to prove ornaments to the profession.”

CASE OF CHOREA, BY DR. LEARNED, WILLIAMSVILLE, PENNSYLVANIA.

The patient was a girl, 12 years old, affected with chorea. She had been under the care of an old school physician of this place three weeks, and grew worse all the time; so much so, that the neighbors thought she would live but a few days. She was unable to raise her left hand to her head, though it was subject to the same spasmodic action as the rest of the system. She was so severely affected that she could not command her tongue, could talk but little, and that not plain. Her face would be drawn into all manner of shapes, &c.

Treatment—Soaked her feet in a *decoction* of bitter herbs, and subjected her body to the vapor of the same—gave a mild emetic of lobelia, (tincture). This relieved her very much. Continued to give small doses of lobelia, and asclepias through the night, after giving a mild cathartic of jalap and senna. In the morning commenced giving her nervines of the tincture of cypripedium, scutellaria, and black cohosh, adding the powder of skunk cabbage, given in teaspoonful doses every two hours, and bathed her arm and spine in strong, stimulating liniment. By the use of these means, the violent symptoms rapidly abated. Second day, put her over spirit

vapor bath, and continued the other remedies as before; the bath was repeated every third day. On the morning of the seventh day from commencement of the treatment, she rode out, free from all convulsive actions, or spasmodic contractions, with the full use of her arm, though somewhat weak. She continued to take some restorative bitters, and gained rapidly. On the eighth day, she walked out for a short time alone, to the astonishment of many. She was visited by a great many during the time of our treatment, that manifested a great deal of interest as to the probable termination. She is now perfectly well, even better than before she was sick. The surface was often bathed and rubbed faithfully during the treatment.

BROWNSVILLE, Nov. 6th, 1849.

"I have been in this section of the world, practicing medicine on the Eclectic principle, for the last three years. I am confident that this system will become popular, when the public have been made acquainted with its principles and superior success, over the contracted, and inefficient regular system. I have tried many experiments in mesmerism, during the time I have been here. My first experiment consisted in attempting to restore muscular contractions. In this, I succeeded to a degree, much beyond my most sanguine expectations. I succeeded in restoring a young man of about twenty years of age, who had not walked since he was nine years of age without the assistance of crutches, so far as to enable him to walk with but little difficulty without crutch or cane. I also succeeded in a similar case, in which the young man had not walked without the assistance of crutches for six years. In the latter case the limb had so fallen away, that it was not half the size of the other, and so contracted that the foot only came a little below the knee of the other limb. The limb is now nearly as large as the other, and entirely straight. He can walk almost as well as he could before the limb became diseased. I have succeeded in many cases of less importance. Now in this case, I succeeded through the agency of mesmerism.

I also have tried many experiments in clairvoyance. One of my subjects, a lady of about thirty-five years of age, under the mesmeric influence, can in the most minute manner describe the symptoms or feeling of persons, whom she has neither seen nor heard of in her wakeful state; by simply taking their hands in hers. The experiment I have tried repeatedly with those of whom neither she nor I had previous knowledge of, without a single failure in the smallest instance. Ought not this subject be more fully investigated. If clairvoyant subjects can minutely describe, and give the diagnosis of cases, of which they have had no opportunity of previous knowledge, should we not place reliance on their statements. I hope there will be more attention paid to this subject by medical men.

J. C. CLARK.

Part 2.---Miscellaneous Selections.

MEDICAL SOCIETY OF LONDON.

MONDAY, FEB. 5 AND 12, 1849.—MR. HANCOCK, PRESIDENT.

EXTIRPATION OF OVARIAN TUMORS.

The Society has been occupied during its last two sittings with discussions on the nature and treatment of ovarian tumors, but more especially in reference to their removal by ovariectomy. Now, are we at this moment in a position to determine the real value of this operation? On one side it was contended that we were in possession of sufficient statistical evidence to show that the operation could be as safely resorted to as any other capital operation in surgery; that the result of the cases published showed the success to be more general than the failure, and that, in fact, we were justified in placing this operation in the category of received proceedings in surgery. It was contended, *contra*, that the evidence exhibited by operators themselves, and by their friends, warranted no such conclusion; that the cases of successful interference by the knife had not given a reasonable plea for ranking the operation among ordinary ones; that many persons had died after the removal of the tumor; that, in other cases the abdomen had been cut into, and adhesions of so extensive a kind found to exist, as to preclude the possibility of removing the cyst; again, that on opening the abdominal cavity, no tumor, in some cases, had been found; but above all, that the statistics of the operation had been, as far as possible, one-sided; that the journals some time since, had teemed with cases of the successful removal of ovarian tumors, while at present, as was well known, many untoward cases had occurred, which had never been revealed. Hence the present statistical evidence was only likely to mislead. The case recorded by Mr. Harvey at a former meeting, showed the difficulty of diagnosis in some cases, and was a valuable contribution to pathology.

LEMON JUICE IN RHEUMATISM AND GOUT.

Dr. Theophilus Thompson had lately employed lemon juice in rheumatism and gout, with marked benefit. He was induced to do so at the recommendation of Dr. G. O. Rees, who had assured him of its usefulness, and who had explained its action, by considering that it was the best agent for insinuating carbon into the blood.

The first case in which he (Dr. Thompson) had employed it, was one of sub-acute rheumatism in a delicate woman. She had all the usual symptoms of the disease, with an irritable but not inflamed heart. There was profuse perspiration. The disease, when he saw her, had existed for four days. He gave her half an ounce of lemon-juice, with a little henbane, in about an ounce of camphor mixture, every six hours. In forty-eight hours the pain was much relieved, and the fever abated, and in five days she was well. He had employed it in other cases connected with phthisis in the Hospital for Consumption. In some of these cases there were cavities in the lungs, and in these, lemon-juice had been found of great service. He should be induced to try it in almost all cases of rheumatism, but not in true gout. In acute rheumatism, after bleeding, he should also employ it, of course in all cases paying attention to the *primæ viæ*.

Dr. Bowie had tried mineral acids in rheumatic cases at the Consumption Hospital, but was obliged to leave them off. He never saw any benefit from them.

Mr. Shearly had used lemon-juice in gout and rheumatism with much benefit.

Dr. Downing was surprised that acids should be of service in rheumatism. He had always found them do harm; even lemon-juice was injurious. The French authors had lately been writing much in favor of alkaline remedies. They applied alkalies, such as the carbonate of soda, externally, with benefit.

Mr. Hird said, that notwithstanding the success of lemon-juice in rheumatism, he should still be inclined to follow out the old plan of treatment. Tonics were often advisable.

The President said that Dr. Rowland had informed him of a case of calculus in the bladder, in which all remedies failed in affording relief; under a course of lemon-juice the patient got quite well.

Dr. Wiltshire said that he objected to the treatment of cases of rheumatism merely on the chemical theory of altering the condition of the blood by chemical agents. The first indication was undoubtedly to correct any disorder of the liver and correlative organs. After this he considered that lemon-juice might be employed.

London Lancet.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

FEB. 7.—MR. SYME, PRESIDENT, IN THE CHAIR.

CHLOROFORM IN SOME OF THE MORE COMPLEX AND SERIOUS OPERATIONS OF SURGERY. By Dr. KEITH, Surgeon to the Royal Infirmary, Aberdeen, &c.—CHLOROFORM IN MIDWIFERY.

The meeting was very fully attended. After stating that anæ-

thetia was generally adopted in the surgical practice of the hospital, Dr. Keith proceeded to relate several cases of lithotomy and lithotrity, in which he had used it with perfect success. He also detailed at length the case of a man, aged sixty-seven, upon whom he had performed the high operation for the removal of two large stones from bladder, each of which weighed two ounces. The man did well for several days, but was at last seized with symptoms indicating peritonitis, and died. Dr. Keith had now performed lithotomy eighty-three times. In fourteen of these cases the stone weighed from two to four ounces; and of these fourteen, seven died. He believed that the mortality and danger of lithotomy increased in proportion as the weight of the stone extracted increased. Dr. Keith recommended the adoption of lithotomy for all stones weighing less than half an ounce; of lateral lithotomy for stones weighing less than two ounces; of the high operation in cases where the stone exceeded two ounces.

Mr. Syme said that in the valuable paper they had just heard, it was evident that Dr. Keith wished chiefly to inculcate two points in practice; first, the value of the high operation for extracting very large stones from the bladder; and second, the use of chloroform in the use of lithotrity. On the first point, he would only remark, that he differed in opinion from Dr. Keith, and was satisfied that the dangers attendant upon cutting into the bladder from above the pubis, were so great as to render the operation applicable to but very few cases. In regard to the second point insisted upon by Dr. Keith, he (Mr. Syme) did not think it advantageous to have the patient insensible during the operation of crushing the stone. An operator who had so very large an experience as Dr. Keith might find no difficulty in introducing and working a large lithotrite, in the case of an anæsthetic patient, but he believed that most surgeons would find the operation impeded and difficult on account of the anæsthesia. Further, the operation of lithotrity, if well performed, did not cause any pain, and consequently the chloroform would not be required. He thought anæsthesia useful in lithotomy, but not in lithotrity. Mr. Syme was anxious not to be misunderstood; he strongly advocated the use of chloroform in surgery generally. After it was proposed by Dr. Simpson, he used it in the first operation he had to perform in the hospital, and ever since then he had continued the practice. Further, he desired at this time to state to the Society, that he believed anæsthesia not only saved patients operated on from pain, but also from shock, and all its effects. When Dr. Simpson first stated this as his opinion, he (Mr. Syme) strongly opposed it; but now he was convinced that Dr. Simpson was right in his opinion. Some recent cases—especially one in which he had amputated at the hip-joint—tended very strongly to impress this upon him. In that case, he did not believe the man would have survived had the operation been performed

without chloroform. As it was, he was cheerful and comfortable a few minutes after the operation, and never had the slightest bad symptom to interrupt his recovery.

Dr. Simpson remarked, that the Society could not but be gratified by the candid and honorable manner in which Mr. Syme had publicly stated his alteration of opinion. His opinion now was one established upon the basis of a very large experience, and was formed in the face of preconceived ideas, and this circumstance, as well as the very high standing of Mr. Syme, gave it all the more value. But although there was, now-a-days, no resistance offered on the part of the profession, in Edinburgh, to anæsthetic practice, and on all hands there was unanimity, yet such was far from being the case in other parts of the kingdom. A practitioner in London, (Mr. Gream,) who published a pamphlet against chloroform shortly after it was introduced into practice, and in all likelihood before he had ever tried it, or seen it tried, had lately been circulating a letter among some of his medical friends, seeking for reports of any cases of death or casualty, or especially of cases where sexual excitement resulted from the use of chloroform. Dr. Simpson was anxious that these questions should be answered publicly in the Society; and he doubted not that he stated the experience of all, in saying that, in Edinburgh, chloroform, though constantly employed in surgical and obstetric practice for more than fifteen months, had never give rise to any casualty. Further, he had never seen, nor had he ever heard of any other person having seen, any manifestation of sexual excitement result from the exhibition of chloroform, and it had now been given here in many thousands of cases. The excitement, he was inclined to think, existed not in the individuals anæsthetized, but was the result of impressions harbored in the minds of the practitioners, not in the minds of the chloroformed. An imperfect dose often gave rise to excitement, but never, as far as he and others had observed, to sexual excitement. After inhaling ether during her confinement in the Maternité, one Parisian prostitute, under the care of Professor Dubois, stated that she had had lascivious dreams. But surely it was, to say the least, very unbecoming to say that most English ladies should have sexual dreams (like one French prostitute) when under the influence of chloroform, as Mr. Gream wished to prove. Such attempts as these to villify the practice of inducing anæsthesia, were now urged too late to have any effect upon the progress of the practice.

Mr. Syme said that he had never witnessed any sexual excitement produced by the exhibition of chloroform, but that he and others had frequently heard patients in the operating theatre, swearing when excited by chloroform, and that, sometimes, in patients, whose friends had seldom or ever heard using such language. Possibly these improper expressions were only a true exhibition of the state of the patient's mind, and it was always stopped by throwing him

deeply asleep. At all events, he did not think it afforded the least ground for objecting to anæsthesia in operation.

Dr. Roberts had used chloroform in upwards of 500 cases in dental surgery, and had never witnessed anything at all indicating sexual excitement.

Mr. Millar said, that notwithstanding the very high authority of Mr. Syme, he was forced to state that he agreed with Dr. Keith in the two points chiefly dwelt upon in his paper. He believed that, under all circumstances, the operation of lithotrity was attended with no inconsiderable suffering; the mere introduction of the lithotrite being seldom performed without pain, and even the drawing of a drop of blood. And he believed, that in the hands of an adroit and able operator, lithotrity would be as easily and safely accomplished with anæsthesia as without it. The opinion that the high operation of lithotomy was to be preferred in cases of large stones, he thought well founded. He did not believe it possible to say, before operating, of what size a stone was; but whenever its dimensions were very large, he thought it should be extracted through the brim of the pelvis, and not through the outlet. The cursing and swearing of which Mr. Syme had spoken, he believed was to be laid rather to the blame of the person charged with administering the chloroform than to the patient inhaling it. If a large, overwhelming dose were given, and the patient hurried past the exciting stage, no improper language would be heard. The class of patients seen in an hospital would curse and swear when molested during the inhalation of chloroform in the theatre, as they would curse and swear when molested in the streets if they were tipsy with ardent spirits. That afternoon he had taken occasion to observe this very circumstance in the cases of two rough men brought into the hospital with accidents for operation. In neither case was a single improper word uttered. The one man had partial amputation of the hand performed upon him; the other had a dislocation of the thigh reduced. Under the complete influence of chloroform this was easily done: indeed, he had seldom experienced less difficulty in reducing a dislocation of the shoulder. He looked upon the use of chloroform in dislocations as one of its most beautiful applications, and that, were it but for this alone, surgery stood deeply indebted to Dr. Simpson for the introduction of the agent.

ON THE AIR TRACTOR, AS A SUBSTITUTE FOR THE MIDWIFERY
FORCEPS. By PROFESSOR SIMPSON.

Dr. Simpson first pointed out the rude and unhappy plans pursued in cases of protracted labour with the head sunk into the pelvis, before the invention of the obstetric forceps. Upon all these plans the forceps was a great and signal improvement—one of the greatest ever effected in obstetric surgery. But sometimes, especially in incautious hands, they were apt to injure both mother and

child, passed high up as they were between the foetal head and maternal passages. If we had any means of seizing the exposed portion of the scalp of the child, and could exercise traction by this hold, we might thus, in many cases, expedite the delivery. Dr. Simpson exhibited an air tractor possessed of such powers, and capable of easy application to the head of the child. After pointing out its construction, he showed its power to the Society by fixing a small one on the palm of his hand, and lifting an iron weight of twenty-eight pounds with it, without in the least detaching it. It was capable of bearing traction to the extent of forty or fifty pounds, without separating, and by increasing the size of the disc, its powers could be increased. With the forceps, the traction required rarely or never exceeded thirty pounds. He and others had used the tractor with facility and success in several cases of labor. It was safe, and free from all the dangers of the forceps, as far as regarded the mother, and did not hurt the infant. Some gentlemen had seen it applied to children several days old, and the children lifted about with it, without any cry or appearance of suffering on their part. Its more evident advantages over the forceps were the following:—It was attended with far less danger in the application and working; no space was occupied by it; it produced no compression of the head in the wrong direction; it could be used to bring the head from an occipito-posterior to an occipito-anterior position, or, if necessary, to bring down the occiput or forehead; lastly, it was of small size, portable, and cheap.—*London Lancet*.

WESTMINSTER MEDICAL SOCIETY.

FEB. 3.—J. WEBSTER, M. D., F. R. S., PRESIDENT.

COD-LIVER OIL IN PHTHISIS AND SCROFULA.

A discussion took place, which had its origin in the fact of Mr. Wing having, at the previous meeting, brought down to the Society two cods' livers, with the view of getting some fellow of the Society to obtain the oil from them. He was induced to take this step in consequence of the great discrepancy of opinion which prevailed respecting the true character of genuine cod-liver oil. He was desirous to know, from practical experiment, what were the characters of the pure oil. Many fellows addressed the Society on the subject. The majority of the fellows stated that they had found the oil to possess a very marked effect in almost all cases of scrofula and phthisis. In the first class of cases it was not only given internally, with the effect of much improving the general health, but it was applied locally to scrofulous sores, with the most marked benefit. In phthisis it appeared to exert its influence at once by its nutritious properties. It checked perspiration and removed emac-

ciation; and appeared, by keeping up the tone of the system, to arrest the further deposition of tubercular matter. Some thought that any oily substance, as butter or almond oil, would have the same effect; others considered the cod-liver oil to have some specific influence. One gentleman had found it rather injurious than otherwise in some cases of phthisis, from its tendency to disorder the digestive organs. Altogether, however, the opinion generally was decidedly in its favor as a palliative agent in consumption.

London Lancet.

MATICO.

MATICO AS A STYPTIC.—A great deal of testimony has accumulated now, on the character of the Matico as an agent for controlling hemorrhages, and, as it has not found a place in the systematic treatises on materia medica, we shall supply the deficiency by bringing forward the history of the use of the Matico.

In 1839, at a meeting of the Provincial Medical and Surgical Association of York, Dr. Jeffreys of Liverpool, introduced the Matico as a styptic. The botanical name of the plant is *Piper Angustifolium*, and it is a native of Peru. Soon after Dr. Jeffreys called attention to it, the Matico, as an external application, was used with success in the Dundee Infirmary, by Dr. Munro. It exerted a happy influence over a hemorrhage from "a considerable branch of the temporal artery." Compression and cold applications failed to give any relief, but the application of the leaf, *not the powder*, arrested the hemorrhage. A hemorrhage from a wound of a branch of the palmar artery was treated in the same way with equal success.

The external use of the leaf having proved highly successful, a resort was made to its internal use. Dr. Jeffreys reports the case of a patient "who had been subject for two months to excessive discharge of pure blood and coagula from the vagina, amounting to nearly a quart in a few days, occurring every ten days or a fortnight, and followed by a serous and muco-purulent discharge." The usual treatment failed, and health was restored in a few days, by the use of a wineglass full of the infusion of Matico four times daily. In another case, a hemorrhage from the bowels, an infusion of Matico, in the proportion of half an ounce to the pint, of which three table-spoonfuls were taken every four or six hours, cured the patient by the use of three doses.

In hemorrhage of the bowels, during fever, Dr. Watmough states, in the Provincial Medical Journal, that the infusion of senna leaves and the Matico, two drachms of each in a pint of boiling water, and taken frequently in doses of a wineglass measure, is very successful, particularly in the *melæna* of typhus fever.

Dr. Horne, of London, thus speaks of Matico, as an anti-hæmorrhagic medicine: "A patient suffered from an alarming epistaxis, occurring spontaneously, in October last. All remedies of the usual character failed; the case was considered beyond the reach of relief, and the brothers of the patient were sent for. One of the brothers commenced the use of the Matico, and in six hours the hemorrhage ceased, after having continued for days. There is a hemorrhagic diathesis in the family, and it has descended to the children of one of the brothers."

A relative of the family was rapidly sinking towards the grave, from disease and uterine hemorrhage, the latter of which baffled the ordinary remedies. Under the use of the Matico, the bleeding ceased, and the patient recovered.

These are the testimonials to the value of Matico, as a styptic, which we have gleaned from the European medical journals. We are far from supposing that this Peruvian plant will displace all other means for arresting hemorrhage; the utmost that we hope for it is, that it is really useful, and may take its place confidently among the means for controlling dangerous bleeding.—*West. Jour. Med.*

CROUP.—Dr. Horace Green of New York, has recently published a work "On the Pathology of Croup, with remarks on its treatment by topical medications," which should command the confidence of the profession. In this new work, Dr. Green enforces with ability, the novel treatment which he had previously recommended for laryngeal inflammations, in a treatise on "The Diseases of the Air Passages." The new work on croup has received a very flattering reception in England. The British and Foreign Review speaks of it in terms of warm commendation, and the Dublin Quarterly Journal of Medical Science, with some little disparagement, speaks favorably of the book.

The fundamental principles of Dr. Green's pathology of croup are, that it is essentially an "inflammation of the secreting surfaces of the fauces, larynx and trachea, which is always productive of membranaceous or an albuminous exudation," and that this "invariably commences in the superior portion of the respiratory passages, and extends from above downwards,—never in the opposite direction."

We shall not pause to call in question the universality of the truth of these propositions. Our particular object is to direct attention to Dr. Green's novel treatment. He recommends a solution of the crystals of the nitrate of silver, from two to four scruples to the ounce of distilled water, as the topical application. The instrument with which this is to be applied, is "a slender piece of whalebone, about ten inches long, slightly curved at one

end, to which curved extremity is securely attached a small round piece of soft sponge, with a diameter of not more than half an inch." We would suggest the propriety of a very thorough examination of the sponge, to see that it is free from sand and grit.

Dr. Green says:

"The instrument being prepared, by suitably saturating the sponge with the solution to be applied, and the head of the child being firmly held by an assistant, and the base of the tongue depressed by a spoon, or any other suitable instrument, the operator carries the wet sponge quickly over the top of the epiglottis, and on the laryngeal face of the cartilage; then passing it suddenly downwards and forwards, passes it through the opening of the glottis into the laryngeal cavity."

There may be a fear among those inexperienced in this topical application, arising from the strength of this solution. The fear is, however, groundless. The mucous membrane bears this solution remarkably well. Some time ago, Mr. Guthrie, the English surgeon, denied very indignantly that he had recommended an injection of a solution of nitrate of silver, twelve grains to the ounce of water, in gonorrhœa, and utterly condemned the practice. But we have repeatedly seen a solution of twenty grains of nitrate of silver to the ounce of water, used in the early stages of gonorrhœa, with great benefit to the patient.

Upon another point, Dr. Green thus speaks:

"Ordinarily, I have applied in croup, a solution composed of from two scruples to a drachm of the salt, dissolved in one ounce of distilled water. A remedy of this strength I have freely applied to the fauces, pharynx, and into the larynx of young children, in a large number of cases during the last eight years, and in no single instance have I observed any indications of the dangers of suffocation from its employment. On the contrary, I have repeatedly observed, and have once before remarked, that much less bronchial irritation is produced by the application of the nitrate of silver into the larynges of young children who are suffering from croup, than where it is introduced into those of adults who are affected by chronic disease of the larynx." The views of Dr. Green, though novel, are perfectly rational and deserve confidence.—*Ibid.*

OBSTETRICAL INSTRUMENTS.—When Dr. Haighton, of London, was seventy years of age, he declared that he had delivered thirty thousand women, and amidst the multitudinous instances of deformed pelvis and depraved constitutions to be found in the population of London, he said he had used instruments in but three cases, and he solemnly declared, that he believed his right arm should be taken off as the penalty for their use in at least two of these cases. "Experience," he said "had satisfied him that if nature had been left to herself, she would have accomplished the labors without his assistance."—*West. Jour. Med.*

Part 3.--Homœopathy.

THE PRACTICAL ADVANTAGES OF HOMŒOPATHY.

BY HARRIS DUNSFORD, M. D.

(Continued.)

"The sincere inquirer into truth will be swayed by no prejudice,—he will stand on his guard against the unsupported dictates of authority, and the imposing front of original discovery,—he will listen and judge with the constant apprehension of the frailty of mankind, assured that the wisest may err, and that the weakest may yield instruction."

One of the most striking advantages of homœopathy is, that the remedies employed are directed, not merely to the diseases of the body, but also to the *state of the mind*; and this distinguishes it from every other system of medicine hitherto practiced. By this remark, I do not intend to affirm that physicians neglect to inquire into the state of the mind and feelings of their patients; but that they have not, in their works on materia medica, any distinct statements of symptoms by which a remedy can be selected, from a knowledge of its specific influence upon the mental state and feelings. Medical men have, no doubt, in all ages, formed accurate prognoses by observing the temper and disposition of their patients, of which numerous instances might be cited.

Most medicines influence, in some degree, the "*moral*;" and, in order that a remedy may be perfectly homœopathic to the case, the symptoms relating to the mind equally with those referring to the body, should correspond with the symptoms produced in a healthy person, by the medicine employed as the remedy.

By including the "*moral*" in every portrait of a case, we reach disease in its in most recesses; and obtain a power over it not possessed by the allopathists, who can only combat symptoms that are evident to the bodily senses.

When we reflect on the immense power the mind exerts over the body, we cannot but perceive the extraordinary advantage which the observation of its morbid phenomena must have on the successful treatment of a case, with a view to their removal. In mental affections, independent of organic disease in the brain, the knowledge we possess of the morbid states of the mind produced by certain medicines, has been, in a very great number of instances, successfully tested.

In the treatment of diseases incident to FEMALES, the symptoms relating to the mind should be especially noticed; for in these patients, the moral feelings are in the highest degree sensitive and influential. In homœopathy, therefore, the symptoms produced by mental disturbance form one of the main points of inquiry; by a strict attention to which, many diseases, only partially benefited under the usual treatment, find permanent relief when treated by homœopathic remedies.

In the disease of females, homœopathy is often pre-eminently successful; formed by nature of a more delicate constitution, they are easily affected by medicinal agents, although given in doses extremely minute. Experience, also, has proved, that in the treatment of *neuralgia*, the nervous system, through which, unquestionably, all remedies exert a considerable influence, is in so morbidly excited a state, that, in either sex, the most attenuated doses produce very powerful and beneficial effects.

Affections of the *uterine system* are so much more under the control of homœopathic treatment than under that of the old school, that it has not escaped the observation of those who differ from us in practice; and it has been, invidiously, remarked, that we have acquired for our system in this particular, a predominating influence. We are not insensible to the truth of this observation. We gratefully acknowledge the distinguished patronage bestowed upon us in this enlightened country; and we should indeed be unworthy such support, did we not, strenuously and perseveringly, exert our utmost efforts to extend and perpetuate the homœopathic practice.

SICKNESS arising from pregnancy may in general be very speedily relieved, by a remedy corresponding with the prominent symptoms attending it. The cause, however, being permanent, the effect is often only temporary. In *sea-sickness*, the effect of a homœopathic remedy is often complete, relieving entirely the disposition to sickness: but here, as in the former case, the cause remaining constantly in action, the effect of the medicine is sometimes not permanent. This occasional failure may be attributed to the selection of a remedy not homœopathic to the totality of the symptoms.

The grand feature in Hahnemann's system, next to the principle on which it is founded, is his THEORY OF CHRONIC DISEASES. The fact, that numerous affections arise from eruptions imperfectly cured, or unfortunately repelled, has long been familiar to every one in practice. This circumstance induced Hahnemann to inquire, whether the virus repelled, or latent in the system, might not be the cause of the majority of the chronic affections; and the trials made, in pursuance of this inquiry, have incontestably proved the truth of his conjectures. Hence we observe, that eruptive diseases, when treated by the use of ointments or lotions, are often followed by internal maladies infinitely more serious than the eruption itself;

and, sometimes, even destructive to life. A provincial surgeon of great talent and extensive experience, to whom I made this remark, assured me, that he had often been astonished to find that patients, who had been cured of psora by the usual method, were afterwards unable to resist any acute disease; and that, when so attacked, the results were generally fatal. Hahnemann has adduced a number of cases in proof of this statement, and the observations of this great man tend to show, that chronic disease is invariably the result of a virus lurking in the system, and often transmitted to posterity, in various forms. The truth of this theory is daily corroborated in homœopathic practice; but the virus *may* be destroyed, and the young, in whom it has become hereditary, secured from its injurious tendencies.

Viewing the subject in this light, and being firmly convinced that Hahnemann's theory of chronic disease is correct, every true homœopathist will anticipate with delight the benefit to be derived from its universal adoption.

The system being fully carried out, it certainly is not too much to prognosticate the utter extinction of chronic diseases, and the comparative mildness of acute ones. The greatest difficulties we have now to contend with, consist in the management of those diseases which are positively produced by medicine itself.

The cases most likely to baffle the homœopathic practitioner, are those in which the frequent employment of large doses of medicine has so altered the character of the original complaint, as to leave little else than a disease, *purely the product of medicine*. In such cases, before the original disease can be reached, it is requisite to counteract the injurious effects of medicines formerly administered, by giving antidotes. These indeed are the cases in which homœopathy often loses the credit to which it is entitled; perseverance, however, until the natural disease can be acted upon, will almost invariably lead to a successful result.

"We could present rather a serious tragedy if we were to collect all the cases of poisoning by huge doses of powerful medicines by the disciples of *this* physician, and of sanguinary homicide by the imitation of *that* bold surgeon, though they may both enjoy high repute."—*Med. Gaz.*

In proportion as diseases are treated on the mild principle recommended by Hahnemann, the patient taking during the treatment only so much medicine as is absolutely required, has not to dread the disastrous results of over doses.

The truth of Hahnemann's theory of chronic disease appears to me completely borne out, by recent trials in Germany of what is termed "wasserkur,"* in which the recovery of the patient is,

* This novel mode of treating disease was established by M. Priessnitz, some years ago; and consists in the external and internal employment of cold water. The establishment is situated on a mountain near the town of Freidwaldan, in

generally, preceded by the appearance of boils, and, always, by violent perspirations of a peculiar smell, indicating either disease thus detected, as gout or rheumatism; or medicine taken in large doses at some previous period, often very distant, and which is thus proved to *remain in the system* a much longer time than is generally believed.

Chronic eruptions are but an evidence of the existence of a virus seeking an outlet on the skin. This view of their origin, so greatly overlooked in the present, was at a former period, very generally admitted. The medicines *ordinarily* used for the cure of such eruptions are dangerous in the extreme. Fortunate is that patient whose constitution is sufficiently powerful to resist all attempts of this kind to eradicate the disease; since, should the astringent, or stimulating qualities of the ointment or wash, employed to efface the eruption be successful, more serious symptoms, indicating disease of an internal organ, are certain, sooner or later, to present themselves; and these can only be relieved by the re-appearance of the eruption, or the destruction of the virus by constitutional remedies.

The principle Hahnemann has so powerfully advocated, viz: that chronic diseases are caused by a virus infecting the system; or, in many cases, by overdoses of medicine taken with a view to cure them,—thus receives an unexpected and very decisive confirmation. The grand and very important distinction is, that the treatment by homœopathy gradually neutralizes the virus in the mildest way; whereas the “wasserkur” expels it forcibly from the system, provided the constitution of the patient be sufficiently strong to endure the violent and painful means adopted to effect it.

Happily, the desirable result may be obtained by the gradual and cautious employment of remedies answering homœopathically to the morbid effects of this virus, which, if not allowed to settle in the system, may, without difficulty, be completely eradicated.

As this virus, by whatever name it be called—scrofula, gout, or psora—is confessedly hereditary; and as, by neutralizing it early,

Austrian Silesia. The treatment requires to be modified according to the strength of the patient. He is roused at four or five o'clock in the morning; and before getting out of bed, is wrapped up in blankets soaked in cold water, in which he remains an hour. By degrees warmth spreads over the surface, and copious perspiration ensues. The patient is then dried; he dresses himself very quickly, and descends into a subterraneous passage, where a bath has been prepared, the temperature of which, even in summer, does not exceed 44° Fah.; he remains in the cold bath ten or twelve minutes; and then returns to bed, to be again enveloped in cold wet blankets; and, after a slight perspiration, gets up to breakfast. During the day he takes forced walks, and drinks a great quantity of cold water. The diet is of the simplest kind; all stimulants are excluded, and the only beverage permitted is water. The cure is always preceded by the appearance of pustules, ulcers, or abscesses on various parts of the body, chiefly on the feet. This treatment sometimes occupies several months; and as the ulcers, &c., heal, the cure becomes established. Nothing could more fully corroborate Hahnemann's theory of chronic disease.

it may be, in the majority of instances, arrested in its progress, **CHILDREN ought to undergo a regular course of ANTIPSORIC MEDICINES**, where the slightest suspicion exists of their liability to inherit the diseases of their parents. By pursuing this course, it is not too much to expect that chronic disease will gradually diminish in intensity, and, at length, be altogether effaced; and that acute cases, treated by mild and innocuous remedies, will not weaken the system or undermine the constitution:—the too frequent result of many of the violent means now very commonly employed.

Hahnemann's theory of chronic diseases is of so startling a nature, that we need not wonder it has met with violent opposition. Its truth, at least as regards the principle, begins now to be generally admitted. To those who have duly reflected on the subject, it must be evident, when a miasm is once received into the system, that, until it has exhausted its power, or been medicinally eradicated, it will, under peculiar exciting causes, produce its malignant effects. Such is the fact with respect to scrofula, gout, syphilis, &c.

Hahnemann considers psoræ, syphilis, and sycosis, to be the chief sources of chronic disease; but from whatever cause it may have originated, its existence is a bane, and should, if possible, be destroyed. This, it is believed, may be accomplished, although sometimes, it may require more than the lapse of one generation before the end is attained. It is, therefore, advisable to put all children under a course of antipsoric medicines, even though they appear to be in excellent health; but more especially so, if their parents have, at any period of their lives, been effected with any eruption, other than that resulting from the exanthematous fevers.

There is, moreover, an additional reason for putting children under this course, viz:—that by **VACCINATION**, immense as are its advantages, it is more than probable, that if any taint exist in the child from which the virus is taken, the child vaccinated with it will receive the morbid predisposition. This, however, ought not to deter parents from availing themselves of the inestimable advantages which the discovery of Jenner offers to mankind; since it is only by this invaluable preservative—which is in truth purely homœopathic—that the small-pox can be eradicated: and, indeed, the poison, if any remain, may be destroyed by antipsoric remedies, before it has had time to do much injury.

The extraordinary success with which **SCROFULA** and **GOUT**, two of the most intractable diseases, are treated by homœopathic means, proves the power which specific remedies exert even over hereditary affections. These means should be employed as *prophylactics*, where hereditary taint in the young is in the remotest degree suspected. It is in such cases that the advantage of the antipsoric or, as it may be termed, the *alterative* system is particularly evident, the noxious miasm being thus, imperceptibly, destroyed.

(To be continued.)

Part 4.---Editorial.

MEDICAL SCHOOLS IN THE WEST.

We have received a copy of *Prof. Drake's* Introductory Lecture of the present session, which, with the exception of certain errors, is quite a respectable document, and contains some good suggestions, as to the importance of preliminary education for medical students. After quoting from a previous lecture on this subject, he continues:

"Since those words were spoken, one generation has been buried and another arisen;—the age of the pioneers has passed away;—the axe has conquered the forest;—infant villages, overshadowed by native trees, have grown into towns, with shade trees from distant lands;—towns have expanded into cities, which abound in the luxuries of every climate;—new institutions of elementary learning have from year to year, come into existence, and abounding opportunities have been brought to the door of every young man who aspires to the study of medicine; and yet, I am sorry to know, that the preparatory learning of the pupils of the West, is now scarcely superior to what it then was. All else has displayed progress—this alone shows no improvement. Young gentlemen, a defect so degrading to our noble profession, should not be permitted to continue; and I most earnestly and affectionately call upon you, now while you are in the springtime of life, to devote to the cultivation of letters, a portion of every day, from the time you leave the college. All that I propose—all that is necessary—lies entirely within your grasp. You have only to resolve, and it will be accomplished. In the year 1840, while making a tour through the central parts of this State, for the study of its diseases, I met with a young physician, who rode with me for a while, and desired to converse on the means of improving himself in the literature and science of his profession. He had entered on its study with but little preparatory learning, and after an attendance on a single course of medical lectures. The result of our conversation was a determination, on his part, to assign a fixed portion of every day to the study of the elements of literature, and other portions to the cultivation of his profession. He left me, but was not forgotten, and the hopes he had inspired were soon realized. In three years I had the pleasure to see his name in one of our periodicals, to which he became a regular and respectable contributor. His writings brought him reputation; and in less than seven years from our interview, without

attending a second course of lectures, he received an honorary degree from one of the most distinguished schools of the West. I must return to the discourse which has suggested this narrative, but cannot do it until I have exhorted each and all, when you shall become members of the profession, to look faithfully into the literary acquirements of those who desire to become your pupils; rejecting all who are not qualified, and turning them to some other pursuit, or to the academy for further elementary instruction."

Referring to the progress of medical schools in the West, he says:

"Never before, in any land or age, did a few fleeting years transform the broad face of half a continent, from the wild and savage scenery of nature, into a panorama of cultivated fields, with throngs of intelligent and busy men. At the time that appeal was made, there was in the West, as we have just seen, but one medical college. Now there are twelve in operation, one temporarily suspended, and three in the forming stage. Thus, on an average, every three years has given birth to new medical institution. Their distribution is as follows: Lexington, one; Louisville, one; New Orleans, one; St. Louis, two; Chicago, one; Laporte, one; Buffalo, one; Geneva, one; Cleveland, one; Columbus, one; Cincinnati, one. The one in a state of suspension, is at Memphis; and the three projected or not yet fully organized, are at Indianapolis, Evansville, and Nashville. In the twelve schools, there were, last winter, not less than fifteen hundred pupils: and yet large numbers left the West, for the institutions of Philadelphia and New York. From this evidence of the growth of your native or adopted country, you will perceive, young gentlemen, how great it must become, while you are yet actors on the stage of professional life. You will realize, I trust, that you are not doomed to spend your days among rude and ignorant backwoodsmen; but in the midst of intelligent and refined communities; and that you should, by deep and protracted study, prepare yourselves for such associations;—for building up a profession worthy of such a state of society, and for performing an honorable part in a thousand works of learning, science, charity, and patriotism."

"*Cleveland, one; Columbus, one; Cincinnati, one!!*" (medical school.) Really there is a good deal of self-possessed insolence in this sentence. A professor in a fourth rate medical college, a college surpassed in the number of its pupils by three others in the same State, and overshadowed by its next neighbor can enumerate but one medical school in Cincinnati! Doubtless every gentleman

has a right to render himself ridiculous whenever and however he pleases !

The following account of the origin of medical schools in the West is characterized by a slight omission :

“To the State of Kentucky, the oldest of the Western sisterhood, belongs the distinction of having chartered the first University in the wilderness. Its franchises permitted the organization of every faculty, usual in the higher seminaries of learning ; but a medical school was not in the contemplation of those who asked, or those who gave the charter. The town of Lexington, in early times the metropolis of the West, may justly claim the pre-eminence of being the first to cherish such a school. About forty years ago, Dr. Samuel Brown, and several other respectable physicians of that town, suggested the founding of a medical department in Transylvania University ; but the suggestion was not then acted on ; and it was reserved for Dr. Benjamin W. Dudley, in the year 1815, soon after his return from Europe, to revive the project. It was favorably received by the Trustees of the University, and four professors were appointed. In the winter of 1815-16, some of them, without concert, delivered short courses of lectures, to a small number of pupils. In the summer of the latter year, I was invited to join them ; but did not do it until the autumn of 1817 ; when, for the first time, the Faculty was organized. The professors of that, the pioneer medical Faculty of the interior of the continent, were Doctors Dudley, Overton, Richardson, Blythe and myself. Our class consisted of twenty pupils, drawn chiefly from the neighboring counties. In the following spring, a public commencement was held, and the degree, to which you are aspiring, was conferred upon a single candidate—Dr. John McCullough—the first ever graduated in the West. Such was the implantation of medical institutions in the Valley of the Mississippi.

Soon after the session ended, believing Cincinnati superior to Lexington as a site for a medical school, I resigned my chair—*Materia Medica*—and determined on proposing the establishment of a school in this city.

As promotive of the enterprise, a course of lectures on Botany was delivered, in the following summer, to a class of ladies and gentlemen, including several students of medicine ; and in the winter, ten or twelve students of medicine, were collected for instruction of a strictly professional character. On the 19th of the following January, 1819, in consequence of a personal application to our legislature, the MEDICAL COLLEGE OF OHIO, in which you have enrolled your names, was chartered ; but it did not become organized until the autumn of 1820 ; when its first session began with a class of twenty-five pupils. Thus came into existence the

second medical school of the West, and the first on the northern side of the Ohio river.

The foregoing statement should be modified by the following correction. The first movement towards the establishment of a medical school at Lexington, was made by our father, Dr. JOSEPH BUCHANAN, (who died in 1829.) Dr. Buchanan, Dr. Overton, and Dr. Rollins had been pupils of Dr. Brown, above mentioned. Dr. BROWN was a man of rare talents and accomplishments—his three pupils were distinguished for intellectual vigor; but by common consent, a superiority in learning and mental vigor was recognized in Dr. Buchanan. Soon after the commencement of his professional life, upon his return from Philadelphia, he urged the establishment of a medical department in the Transylvania University, and procured the necessary action by the Trustees. He was appointed professor of the "Institutes of Medicine and Clinical Practice," under which appointment he proceeded to prepare a course of lectures for the first session. But before the commencement of the session, he became satisfied that his colleagues would not be such as he deemed indispensable to the success of the scheme, and therefore resigned the chair.

The philosophical doctrines which he designed embodying in his lectures, were subsequently published under the title of Buchanan's "*Philosophy of Human Nature*," a rare work, of which a few copies are still extant, which exhibits great acuteness and originality of thought.—B.

VALUE OF ECLECTICISM.

The value of the Eclectic system of medical practice to our country might easily be determined, if Eclectic practitioners generally would pay proper attention to recording their practice as recommended by our National Association.

From statistics already received, we are enabled to present the following summaries which are highly interesting, as they fully sustain the assertions heretofore made by the friends of medical reform, as to the vast superiority of the Eclectic practice. Will not our readers take this matter in hand, and resolve henceforth not to allow their experience to pass away unrecorded.

The documents of the statistical committee thus far, present the following results :

Dr. T. V. Morrow 1726 cases, 13 deaths ; Dr. J. Borton 525 cases, 7 deaths ; Dr. A. Eckert 365 cases, 11 deaths ; Dr. J. G. Hunt 300 cases, 9 deaths ; Drs. G. and J. Ball 244 cases, 4 deaths ; Dr. N. L. Vansant 700 cases, 4 deaths ; Dr. Webster 300 cases, 4 deaths ; Dr. S. E. Pearre 500 cases, 2 deaths ; Dr. Wm. King 76 cases, no deaths ; Dr. T. J. Wright 200 cases, 4 deaths. Total 4936 cases, 58 deaths.

These are the reports of the results of general practice, embracing all kinds of cases, and are entirely distinct from the special reports of practice in particular diseases. They are therefore fair illustrations of the usual results of Eclectic practice. The average mortality which they exhibit is but little more than one per cent. about one and one-sixth, or in decimals 1.175 per cent.

The average mortality of the European hospitals is about ten per cent., or *more than eight times* as great as the mortality of Eclectic practice. The mortality exhibited by the last report of the Commercial Hospital of this city, under the care of the Ohio Medical College, was a little more than one death to six patients—one to 5.91—The mortality of the Eclectic practice is but one death to 85 cases. Hence it appears that the proportion of deaths under the old school practice of the Ohio Medical College is more than *fourteen times* as great as under the private Eclectic practice !!

How long shall these abuses be tolerated by an intelligent community?

MORUS NIGRA AND COTTON ROOT.—Dr. L. of Memphis, says in a recent letter:—"For some time past I have been using as a vermifuge, the bark of the root of the common Mulberry (*Morus Nigra*,) and find it unsurpassed by any article of the materia medica for the *lumbrici*. In one case of protracted delivery, I found a decoction of the cotton root much more efficient than ergot, or any other remedy that I used."

ITEMS.—The Eclectic school at Memphis has forty matriculants. The Ohio Medical College has from a hundred to a hundred and ten students in actual attendance. Three students at the Syracuse school have been arrested in consequence of dissecting the body of a German female.

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T H E

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Part 1.---Original Communications.

"THE VANGUARD OF THE ARMY."

INTRODUCTORY LECTURE, DELIVERED BY PROF. J. R. BUCHANAN,
IN THE ECLECTIC MEDICAL INSTITUTE, NOVEMBER 5, 1849.

(*Continued from page 542.*)

Take for example the disease called hydrophobia. It has been known for twenty years in the Eclectic ranks that hydrophobia is not an incurable disease—over and over again it has been cured by American Eclectic practice—by scutillaria, lobelia, and the vapor bath, and yet up to the present time the standard works of the Allopathic school have failed to adopt this treatment. The latest and highest authority, Dr. Watson of London, expresses a belief that neither art nor nature has ever cured a patient attacked by hydrophobia, and although he alludes to the use of scutillaria in America, he discredits almost all the resources of European Allopathic medicine in the cure of this disease, and professes merely to mitigate, by anodynes, the sufferings of the patient, and give him an easy death. Now if the lapse of twenty years has not procured even a recognition or mention of the successful treatment of hydrophobia in the standard Allopathic works, how many years will it be before the main body of the profession shall have adopted the successful treatment? Is it not probable that the main body will in this, as in the cholera, linger half a century in the rear of the Eclectic vanguard? At present the case stands thus—the most distinguished allopathic writer believes that a case of hydrophobia never recovered under allopathic treatment—but under the American Eclectic practice, I have never heard of a case which has proved fatal.

In the treatment of all female disease, there is a striking contrast at the present time, between the best Eclectic and the best old school practice. Some of the most important principles in the treatment of this whole class of diseases are but little known at present beyond the Eclectic ranks. The proper use of the invaluable Macrotyn is almost unknown to the great multitude of the profession, and not only in this but in all other diseases, a large majority of the Eclectic prescriptions are essentially different from those of the old school practice. In the rapid progress of Eclecticism, we find new medicines and new modes of practice introduced, superior to the old—we lay aside the old and comparatively worthless drugs, which have been superseded by better agencies—we advance to a new position, and leave the old conservative body of the profession, enamored of old fashions, still using the old prescriptions which we regard as obsolete, while the Eclectic physician of the present generation uses, at the present time, those improved methods of treatment to which the old school multitude will not attain until another generation has passed away.

Thus the Eclectic vanguard and the Allopathic bulk of the profession stand related somewhat as the present generation stands related to the past—or if we consider the majority of the medical profession as the representatives of the present generation—then they stand related to the Eclectic profession as the present race do to a future generation, which will smile at our ignorance and errors.

The party of the future and the party of the past now stand arrayed in opposition—the one stubborn, dogmatic, haughty and vindictive—the other sanguine, bold, hopeful, tolerant and kindly.

The one party, cherishing the exploded errors of the science, has but little time or love to give to radical improvements—the other party, fully satisfied in reference to these now obsolete delusions, looks eagerly to future progress. The party of the past are diligent and learned, their scientific labors are arduous, their contributions to medical science and literature are voluminous, but for want of the proper animating spirit, much of their learning and labor proves barren.

The Eclectic party have long since discarded that dangerous delusion, the idea that mercurial medicines are necessary in the treatment of a great number of diseases—it has long since been ascertained to be a delusion, that no other remedies but the mercurial will act efficiently upon the liver, yet the great majority of the whole Allopathic body, are profoundly ignorant of the fact, that we have other remedies more potent than calomel, for the control of the liver and for all other purposes aimed at by mercurial medicine. It is difficult to overcome this ignorance and these delusions, because they are fortified by an amount of professional bigotry and vanity, (among the leaders,) which defies all instruction, that does not come by authority.

That other grand delusion of Allopathic medicine, which prompts to the use of the lancet, has been long since denounced by American Eclectics—it has been demonstrated throughout the various climates and localities of this republic, that a system of practice which totally discards the lancet, is preferable to the old depleting practice. The strictly non-mercurial and non-depletory practice of American Eclectics, has been attended by far superior success to the mercurial and depleting system, even in the hands of the most learned and skilful. The average mortality attending Eclectic practitioners, so far as I have yet learned from their reports in all classes of cases, is but about one or two deaths in a hundred cases of disease. Young men go forth from our Institute inexperienced in practice, and in a short time we learn that they have treated five hundred cases, and not had more than five deaths among the whole. A number now sitting before me can verify these statements. Now I do not know what is the average mortality of old school private patients, but I do know that the average mortality of old school practice in the Hospitals of Europe, under the most eminent professors, has been between nine and ten per cent. The difference therefore in this comparison, is not less than a ratio of five to one, and in many cases ten to one in favor of rational liberal medicine.

Yet still leaders of the antiquated Chinese-like profession, cling to the lancet, calomel, and opium—cling to the most absurd of these exploded delusions—with fierce tenacity, glorying in a pretended antiquity of two or three thousand years, and cherishing, because they are old, a set of doctrines, habits or notions, so repugnant alike to reason, to science, and to experience, that we can only exclaim, in the language of the poet Mackay,

“Old opinions! old opinions! Rags and tatters! GET YE GONE!”

Thousands of our young men, with energies and capacities fitting them for the highest usefulness, annually resort to American Colleges to be clothed in these “rags and tatters” of medical delusion.

They resort to the temple of Allopathy in this city, to be indoctrinated with the errors of the European system of practice, and to learn to imitate that wondrous medical skill by means of which the Faculty of that Institution have heretofore permitted one-sixth of all their patients in the Commercial Hospital to die a regular Allopathic death. I refer to this Institution, not in consequence of any hostile feeling (for I wish it the utmost prosperity, and the most elevated reputation for teaching sound and useful knowledge) but because it is a state Institution, endowed by the means of the people of Ohio, in which, therefore, we the people have all a common interest, and into the management of which we have a right to enquire, to enforce a just responsibility.

Let us look for a moment at the blood shed, and devastation

which this college has been instrumental in spreading through our country. Not having access to its catalogues, let us suppose a case to illustrate its merits. Suppose such a college for a series of twenty years to graduate annually fifty young men as practitioners of medicine, and suppose them to continue each, on an average, fifteen years in active practice with five hundred patients per annum. Suppose too, that in private practice they surpass their teachers, and lose only one-third as many patients as the Professors lose in the Hospital. With these data we perceive that every graduate will have during his entire career seventy-five hundred patients, and losing one in every eighteen, the total number of deaths for which he will be responsible will be four hundred and sixteen.—The thousand graduates in the course of twenty years, each losing four hundred and sixteen patients, we have the grand aggregate of scientific death, amounting to four hundred and sixteen thousand men, women and children. Now I believe that the legitimate mortality of such patients treated in a rational manner, would not equal the half of this amount. Granting that a mortality as high as two per cent. should be the legitimate mortality of general practice, the sum total of deaths at such a rate, in the case supposed, would be, not four hundred and sixteen thousand, but one hundred and fifty thousand. The difference between these amounts, or two hundred and sixty-six thousand, is the number of deaths occurring under an irrational practice, which would have been prevented by that system which the benevolence and common sense of America have originated.

If these calculations are correct, two hundred and sixty-six thousand, is the probable number of men, women and children whose lives are sacrificed in consequence of the successful establishment, and wide spread influence for twenty years of an old fashioned Mercurial Medical College.

I know not whether the Ohio Medical College has graduated one thousand—I know that it has recently graduated over fifty in a year, and that it has been in operation more than twenty years. We need not be more liberal than to suppose the graduates three times as successful in private practice as the professors in the Hospital; but even granting this, we perceive that college would stand responsible for a loss of human life to the amount of more than ten thousand per annum. Yet even supposing nine tenths of this calculation to be erroneous—the loss of 1 fe, in consequence of the errors of that college, would amount to one thousand per annum!

If the mercurial practice is attended by but one per cent. more of mortality, than the Eclectic practice, the annual mortality of the United States under the influence of Mercurial colleges would be at least 200,000 more than under a liberal system of medicine.

Examine this matter as you please—calculate by any fair rule, and you cannot come to any other conclusion than that our State Medical College, so long a focus of professional bigotry, delusion,

and deception, has been instrumental in causing a terrible mortality. I would if I could come to some other conclusion, for these facts are almost too appalling and too terrible for belief—but I do not see how to escape this conclusion—there stand the facts upon the records of the Commercial Hospital and the Ohio Medical College, and reason upon them as you may, with all the ingenuity and special pleading that you can employ, you must come to an appalling aggregate. The more we examine this matter, the more certain does it become, that this calculation is but too well grounded. Look at the cholera mortality in this city—4,350. We do not suppose that more than one-sixth of the whole population was attacked by cholera—granting that one-sixth were attacked—which at that time would not have been more than 15,000, this number of patients, if treated for cholera by Eclectic practitioners, would have had a mortality at the usual rate, ($4\frac{1}{2}$ per cent.) of 650—this leaves about 3700 deaths as the result of Allopathic delusion and error. If three thousand perish in a single city in a single epidemic invasion, we can easily imagine that throughout the length and breadth of the land during a series of years, hundreds of thousands of victims have been hurried to untimely graves.

Look at this allopathic practice in detail, and we see its defective nature. For example, a malignant dysentery accompanied the cholera, which often proved as fatal as the cholera, killing, sometimes, one half of the patients under Allopathic practice. Several Eclectic practitioners in this city have treated several hundred cases without a single death.

In malignant scarlet fever it is no uncommon circumstance for the Allopathic practitioner to lose one-fourth and even one half of his patients. The Eclectic practitioner who lost even one-tenth, would consider himself quite unsuccessful. I could refer to Eclectic physicians who have never lost a single case of scarlet fever in their lives, and I believe that one death in fifty is a sufficiently high estimate of its proper mortality.

Puerperal fever among the best Eclectic practitioners scarcely ever proves fatal. In the Allopathic school we know it is a disease of terrible fatality.

Cancerous diseases which the Allopathic faculty regard as incurable, are cured in a large majority of cases without the use of the knife by the Eclectic practice.

Viewing the aggregate results and the character of the systems of practice—we must again affirm that the Eclectic system is half a century in advance of the Allopathic—and if we examine the latest progressive movements of Eclecticism, we shall find that it continues still as far as ever in advance, and the distance is rather increasing than diminishing.

Mark for example the condition of physiological science in Allopathic Colleges. In all the medical colleges of the United States

as well as in the universities of Europe, instruction in Physiology is in various degrees lamentably defective.

Is it not almost incredible that in the present enlightened century when so vast an amount of labor has been bestowed upon physiological and anatomical research—the physiology of the brain is not taught in a single medical college either in America or Europe. In some institutions the phrenological functions of the brain as taught by Gall are alluded to, but in none of our American schools, so far as I have been informed, is there a thorough course of instruction even in Gall's incomplete system of phrenology—while the functions of the brain as a physiological organ are almost entirely overlooked.

Our medical writings abound in acknowledgments of ignorance, in reference to the whole nervous system and nervous functions of man. The British & Foreign Medico-Chirurgical Review acknowledges that all the minute researches into anatomy, pathology, &c., have as yet thrown very little light upon the functions of the nervous system.

Professor Watson says, "We are yet terribly in the dark about morbid affections of the nerves, both organic and functional. Hereafter some medical Newton will cure and reduce all these apparently complicated phenomena under one simple law. At present all that we can do is to collect, and as far as we may, to arrange facts, in the hope that at length some betterlight will be shed upon the subject" (p. 409.)

Muller, while acknowledging the insufficiency of pathology anatomy to develop the functions of the brain—says that the true principle for the development or ascertainment of the functions of nervous matter is to experiment upon the living organs. This is the principle which is carried out in this institution.

When the ignorance of Allopathic Colleges is thus candidly acknowledged, it might be supposed that they would be zealously engaged in exploring the functions of the brain, and also, that they would hail with delight, and honor with cordiality every successful attempt to explore this mysterious subject.

But on the contrary, so well contented are they with their present ignorance, and so jealous of all innovation, that they have denounced and overwhelmed the distinguished Dr. Elliotson for daring to bring forward his mesmeric experiments, and contribute to their stock of substantial knowledge. The most distinguished professor in one of the most flourishing medical colleges in the United States, was compelled by his colleagues of the Faculty to desist from laying fully before the school the facts of Mesmerism, and was refused permission to publish anything upon the subject in the medical journal of the school—a school of which he was its reality the founder.

When in the year 1841, I announced a solution of the gran-

problem, which had defied the medical world for so many centuries—when I announced that the functions of the brain, heretofore so imperfectly known, had been discovered by a new method of experiment—I presented a narrative of the facts and discoveries to the same medical journal, not doubting for a moment that the narrative would be eagerly published. I was not a stranger to the gentlemen professors and editors. They knew me, and my father before me, (their predecessor)—they knew that whatever I stated was true unless I was deceived, and the facts were of a palpable public and noted character. But in vain did I demand even a single hearing. They seemed to look upon a grand scientific discovery, not as a meritorious but as an unworthy act—as a matter which every medical man should shun, suppress, denounce and slander—they regarded it just as Inoculation and Vaccination were regarded in their day, or as ether was regarded by a portion of the profession year before last. Not only did they suppress the paper—they also manifested an unwillingness even to see or know the facts. Their colleague, an older and more distinguished man attended my lectures as a learner, but they could not be induced even to look at the experiments. And I may add, the gentleman who thus refused, and who has *never yet witnessed* a demonstration of the functions of the brain, who has so perfectly imitated the professor at Padua, who would not look through the telescope of Galileo to learn the new discoveries in Astronomy—this wise proficient in the art of keeping the eyes closed, has been translated to the Queen City of the West, to assist in perpetuating the darkness of medical Hunkerism. Perhaps I should say to assist in closing its eyes.

With all the learning and talents of the medical profession at the present time, there is not a college in America or Europe where a course of successful experiments upon all the functions of the brain has been carried on, or where one tenth, or one hundredth part of these functions are known. The Eclectic Medical Institute is the only college in existence which even professes to teach the physiology of the brain, and should one of our graduates visit Europe, he might travel the rounds of all the European colleges and Universities, might listen to Andral, Velpeau, Bouillaud, Dumas, Longet, Muller, Burdach, Tiedemann; or might listen in the British dominions, to Watson, Forbes, Stokes, Todd, Abercrombie, Mayo, Carpenter, Owen, Bird, Williams, Copland, and the whole host of the illustrious professors of medicine, without once hearing an allusion to those familiar and important facts obtained in his American education in the city of Cincinnati. Nay, more, if he should attempt to give a little American light to the luminaries of European Medicine—if he should state a few familiar facts, familiar to every student of this institution; or should offer to demonstrate his knowledge to their medical majesties, by convincing experiment, and should succeed in obtaining a respectful hearing,

he would excite in their minds the most profound astonishment—he would be asked the puerile questions, and assailed by all the little difficulties which occur to the mind of a tyro in neurological science, and he would come back with the sentiment, that although the wise men of Europe might abound in the lore of antiquity, and might be learned in modern medical knowledge, yet the time had come when knowledge was no longer concentrated in London and Paris—that while the star of empire is gradually wending its way to the west, the star of medical science is also approaching the Western Hemisphere, and the time has already arrived when the renowned potentates of medicine must turn their faces to the west to acquire that knowledge which has been beyond their own researches.

They must turn their faces to America if they would learn the functions of the brain—they must turn to America to learn the treatment of cholera—they must turn to America to learn the major part of the details of medical practice—they must turn to America to learn how to treat disease without allowing more than one million of the human race to perish every year, who might be saved by proper treatment.

We were alluding to the ignorance of Europe, and the ignorance of the entire medical profession in reference to the physiology of the brain. How long will this ignorance continue? How long will it be before the Allopathic medical colleges of our own country will advance to the position of the Eclectic Medical Institute, and institute a proper course of instruction in cerebral physiology.

The time is far off—look at their progress in other matters—even in simple anatomy—it was about fifty years ago that Gall and Spurzheim demonstrated the true structure of the brain—anatomical professors assailed them, ridiculed them, and almost denied the evidence of their own senses—but now no respectable anatomist denies the truth of their principal discoveries in cerebral anatomy—and yet in the Allopathic medical schools at the present time, the anatomy of the brain is generally superficially taught, and the discoveries of Gall and Spurzheim are often shamefully neglected.

If it requires fifty years for Allopathic colleges even to learn a little lesson in cerebral anatomy, it will require at least a century at the same rate, for them to become masters of cerebral physiology.

In another department of medical science, the recent movements of the Eclectic vanguard have placed them still farther and farther in advance of the Allopathic multitude.

The illustrious Hahnemann—illustrious as a benefactor of mankind, lived and died in Europe, in the midst of Allopathic learning and power. As a bold and fearless reformer, his labors date back even prior to the earliest dawn of Eclectic medicine in America. Like all great reformers he was reviled and insulted—the progress of Homœopathy in Europe, like the progress of Eclecticism in America, was accompanied by haughty contempt, by legal perse-

cution, by incessant misrepresentation, by the silliest slanders, and the coarsest revilings of the medical press. The weak minded were easily misled, and those imbued with the true spirit of old school conservatism, delighted in the ribaldry of the press, but to those who were wise in such matters, the loud scoffing and the hideous mockeries of the medical press in reference to a new discovery in medical science, indicated no more than the screaming of night owls alarmed by a sudden light, or the crowing and cackling of barn yard fowls which precedes the rising of the sun.

Homœopathy has become the dominant medical reform of Europe—Eclecticism the dominant medical reform of America—Homœopathy, amid the universities of Europe, and at the great source of emigration, has necessarily spread abroad and overflowed the American continent. Thus the two great systems, congenial in their interior spirit, though differing in their exterior form, have been brought into contact upon the American soil. It was an inevitable consequence that they should exert a beneficial mutual influence, and that they should unite in firm alliance.

It is no poetical fiction to speak of the combined labors of Homœopathy and Eclecticism in the great work of medical reformation as the union of benevolent ministering spirits. Homœopathy, strong in its European position, its dignified associations, its learning and its statistical evidences of success, comes to save mankind from the vast number of medical barbarisms to which they have been subjected. Eclecticism, strong in American energy, in its ample resources, proud of its benevolent achievements, and glorying in its unlimited future, claims to be the harbinger and the dawn of a better day for man. They unite, as when the Angel of Mercy, rising in the East, soars toward the zenith, and the Angel of Hope, rising in the West, each soars up along its own path of light—each radiant with its own glory, and crowned with its own peculiar liadem—to unite in blessing mankind.

How shall I describe this new accession to our therapeutic resources. I would compare it to the swelling volume of our grand American streams.

The great Father of waters originates in the interior of our continent, in the numerous little lakes which lie in the high and healthy regions to the north of Iowa; thence it pursues a steady course, a calm, clear, crystalline stream, with health and beauty upon its borders, until at length a mighty and rushing stream from far,—coming from the Rocky mountains, and bearing with it a world of upturned elements, pours its turbid tide into the calm and beautifully transparent stream. Thus does the pure parent stream of Eclectic medicine, which rises in the honest intelligence and benevolent spirit of the American people, receive into its bosom the turbid stream of Allopathy, coming from far, and bearing with it the wreck and fragments of a world of knowledge, of truth, and of

falsehood. The turbid stream is received, but its drift and sediment are gradually deposited—its snags, and its vegetable and mineral deposits are dropped on the way, and the deep powerful stream pursues its course until a still more beautiful stream, coming from the East—La Belle Riviere—the beautiful Ohio, brings in another tributary flood of the pure and wholesome element.

Thus does the great stream of Eclecticism, like the great Father of Waters, receive from the East the tribute of German science—the pure stream of Homœopathic knowledge—flowing in like the Ohio—and then the mighty volume of these waters flows on to the great ocean of Futurity.

But what shall be the color of the stream hereafter—what shall be the relative influence of the tributary waters, is a question which should be left to the future.

The God who rules in Heaven ordains the law of constant progress which we obey—and the spirit of truth which rules in our hearts ordains that we shall go *wherever science may lead us*.

We have already advanced so far as to recognize the value of Homœopathy as an important portion of the immense circle of medical knowledge, and to introduce it as an essential study for the graduates of our Institute, and in taking this position I presume no one will doubt that we have done that which no Allopathic medical college in the United States is prepared to do, or will be prepared to do for fifty years to come, and that thus the vanguard stands in this as in other movements, full fifty years in advance of the conservative multitude.

In taking this position the intelligence of the age is with us—the free spirit of America is with us—the triumphs of our practitioners—the increasing throngs that fill our halls, and the declining condition of the citadel of old school Allopathy in this city, all bespeak a triumphant revolution in medicine.

You, gentlemen, are to go forth as the heralds of this revolution, to go forth before the contest is over, and have the honor of bearing the banner with your own hands. Remember proudly your medical lineage, remember that you stand full half a century in advance of conservatism—remember that you should ever be among the foremost few in every useful science that relates to man—remember that you belong to the Vanguard of the Army!

CHRONIC DYSENTERY, FORMULA &c.

BY DR. D. E. SMITH.

Editors Eclectic Medical Journal:

I heartily approve of the suggestion you make in the address to medical practitioners, respecting the reports of valuable Formulas, and the treatment of particular diseases, through the medium of the Journal.

Most physicians have their private recipes, and their peculiar manner of applying them to diseases, which if communicated as above, would not only impart valuable instruction to your many readers, enlarge and dignify the science of medicine, but would be the means of bringing peace, health and happiness to the firesides of thousands.

The following is at your disposal:

On the tenth of February last, I was called to visit Mrs. Ross, aged, I should judge, about 22 years, then residing in Graham street, East Brooklyn. About fifteen months previous she had an attack of *Dysentery*, and from some cause, her disease had assumed a chronic form, and had remained with her since; although she had been under the *old school* treatment, from the first of her attack until I was requested to see her.

The following symptoms presented themselves when first seen by me:

The tongue was covered with a thick tenacious coat, of a dark brown appearance; pulse very feeble, and somewhat accelerated; abdomen sore and painful on pressure. A preternatural discharge from the bowels at intervals of from three to six hours, quite profuse, resembling in appearance, brewer's yeast, very fætid, occasionally containing lumps [of coagulated mucous, or undigested substances, (*scybalous fecal matter*)] with tenesmus during, and burning in and after evacuations. Comatose symptoms were also present, but this was owing to sulphate of morphia, the influence of which she had been under for the past six weeks. Skin dry and husky; and with the exception of her face, (which was much bloated,) presented the appearance of a living skeleton.

Her physicians had long since signed her death warrant, which, through the appropriate administration of Eclectic remedies, and the blessings of Divine Providence, was countermanded.

Notwithstanding my entire confidence in our remedial agents in every form of disease, I am free to confess, from the above formidable symptoms, and apparently *hopeless* condition of the patient, that my faith was somewhat weakened; and when my opinion was solicited, honestly expressed my doubts as to the favorable ter

mination of the disease. At the request of the patient and her friends, however, I consented to prescribe.

The course of treatment was such as I usually adopt in the chronic form of this disease. It is simple, yet efficacious; and for the benefit of others who may be called to treat similar cases, I will give it.

Carbo Vegetabilis in ten grain doses, was given once a day, in connexion with Neutralizing mixture. The same with the addition of brewer's yeast by enemata. This treatment was ordered with a view to produce a new action of the mucous membrane of the bowels, and thus change the nature of the disease; while at the same time the carbon counteracted the great tendency to putrescency. The above treatment (with the addition of the alkaline bath, which was ordered three times a week,) was continued for two weeks with decided improvement.

The following was given in table-spoonful doses, two or three times a day, or oftener, if required.

R *Geranium Maculatum*;

Prunus Virginiana, & ʒj;

Rubus Villosus, ʒij;

Aqua, q. s. Form in syrup 1 pint.

In the meantime the nurse was directed to apply to the bowels a flannel, wet with best brandy, and sprinkled with powdered Cinchona, to be worn constantly until cured.

Diet during treatment, *Tapioca, toasted bread, and boiled rice*. Drink, a tea made from the leaves of the *Hammamelis Virginica*. Duration of treatment, four weeks. The patient has, since her recovery, enjoyed better health than for years previous. How much better than calomel, opium, sugar of lead, &c.

I send you a formula, which I have used extensively for the cure of rheumatism, gout, chronic lameness, swelling of the joints, &c. It is, perhaps, as near a specific in the above diseases, as any medicine can be.

R Gum Guaiacum ʒiij;

Macrotys Racemosa ʒxij;

Phytolacca Decundra, (juice of berries) and Gin, & ʒ cong. ss.

Digest two weeks and filter. Dose from one to three table-spoonfuls, night and morning.

Brooklyn, Nov. 1st, 1849.

Part 2.---Miscellaneous Selections.

COLLODION.—The attention of the profession has been called to this new agent in surgery, and it is justly regarded as an important addition to the means of usefulness in the hands of the surgeon. It is one of the results of the increased attention of late to the uses of ether, and, as in the case of the solution of camphor in chloroform, shows that the progeny may improve upon the parent stock. As an excellent method of procuring adhesion between divided living parts, the solution of gun-cotton in ether is a valuable discovery. Its use will grow upon the esteem of those who test its merits. As an adhesive article its value is very great. It is not influenced by heat or cold, or water, and it passes rapidly from a fluid state to a firm and persistent coating over a wound. In "cuts, burns, excoriations, and sore nipples," it has been highly commended; but, if we may judge from experience, not more so than it deserves.

Dr. Erasmus Wilson bears strong testimony to the value of collodion in diseases of the skin. He says he has used "it with advantage in chronic erythema of the face; intertrigo; chapped nipples and chapped hands; herpes labialis, perputialis, and herpes zoster; lichen agrinus; lupus non exedens, and exedens; acne vulgaris; and several affections of the sebiparous organs. We are able to corroborate Dr. Wilson's strong testimony to the value of collodion in various diseases of the skin. In a troublesome and obstinate case of erysipelas, in which nearly the whole round of ordinary treatment was tried, without any benefit to the patient, the collodion worked like a charm. All other applications seemed to be injurious, but the disease commenced improving soon after the collodion was used, and it is now so near well, that we have no fear but that it will be thoroughly cured.

In ulceration of the os and cervix uteri, Dr. Mitchell, of Dublin, says the collodion is the best application he has ever used. After the ulcerated surface had been thoroughly dried, by repeated applications of lint, the collodion is applied with a camel's hair pencil, through a speculum. Repeated coatings are to be made, until a firm and adhesive varnish is attached to the ulcerated surface. At the end of forty-eight hours the dressing is to be renewed. In simple abrasions, Dr. Mitchell says this is sufficient; but where large granulations are present, it is necessary first to resort to

nitrate of silver, or acid nitrate of mercury; after which the collodion may be used with advantage.

In the application of collodion to chronic ulcers, Dr. Startin, of London Cutaneous Infirmary, gives the following directions: "Dry the ulcer well with bibulous paper; wash over its surface with a large soft brush, wetted with ether; dry a second time with the paper; apply, with a brush, the collodion in a circular manner, so as to cover the edges of the ulcer to a greater or less extent, as may be deemed necessary, and varnish over so much of the ulcer itself as to leave a *small central opening* for the escape of the discharges." "This expedient," says Dr. Startan, "reduces a large sore into a small one, and does prevent any stimulus judged favorable to cicatrization being applied in the dry form, before the varnishing process is commenced."

In order to give the collodion a tint resembling the skin, Dr. Startin recommends the addition, to the collodion, of an ethereal solution of turmeric or saffron, and of red saunder's wood, or alkanet root, so as to produce the required tint. And to render the collodion opaque, more elastic, and to remove its great contractility, Dr. S. recommends the addition of linseed, cocoa nut, pure cod liver, or lard oil, previously dissolved in ether, in the proportion of from half to a drachm of oil, to the ounce of collodion. The best materials should be used.

Dr. Comstock, of Wrentham, U. S., has applied collodion to a case of extensive laceration of the perineum with a success that he thinks never attended any former method of treatment. He says: "The dressings remained firmly attached, and solid, during the process of healing, notwithstanding they were for a time almost constantly covered by urine, mucus, and subject to being displaced by the motions of the patient."

In a recent number of the "*Journal de Pharmacie et Chimie*," we find a paper by M. Ilisch, of St. Petersburg, on the use of a combination of collodion and cantharides, for the purposes of vesication. The important point in his paper, is his method of preparing the compound, and we submit it to the attention of our readers.

Preparation—Take one pound of cantharides coarsely pulverized, with one pound of sulphuric ether, and three ounces of acetic ether, and mix them together. In this way we obtain a saturated solution of cantharides, and an animal matter of a green color. In two ounces of this liquid, dissolve twenty-five grains of the gun cotton.

This preparation may be kept without alteration in a close phial, and offers an excellent method of vesicating any part of the surface. The blistering agent cannot slip about, and vesicate parts that do not need it. And from a drachm and a half of this preparation we

obtain as much effect as we could from half an ounce of the ordinary blistering ointment.

M. Livonius, of Neustrelitz, in the same Journal, gives a report of a series of experiments in making a collodion of remarkable adhesive power. He says that in making this improved collodion, he takes 200 parts of dry nitre, which he pulverizes finely, and 300 parts of strong sulphuric acid. The two substances are mixed in a porcelain mortar, and stirred with a glass tube. While stirring, add, as quickly as possible, 10 parts of pure cotton, very dry. After being in contact three minutes, during which it is continually stirred, the cotton is washed in distilled water, pressed and dried at a low temperature. But this does not make a complete solution, and M. Livonius says, that by observing the same proportions as above, mixing the dry nitre with English sulphuric acid, and leaving them in contact a space of five minutes, and then continuing the former operations, he obtained an article which dissolved with facility in sulphuric ether, and which makes a collodion of remarkable adhesive power. 5 grains of the cotton thus prepared, agitated in 110 grains of sulphuric ether, with the addition of 20 grains of alcohol, make a complete and transparent solution of the consistence of gum mucilage.

We cordially commend the collodion as a valuable and useful remedy in many cases, and as an important aid to other remedies, in various affections. Its application to its various uses, cannot fail to strike the attention of the intelligent practitioner.—*West. Jour. Med.*

NEURALGIC AFFECTIONS.—This form of disease, occasionally baffles all ordinary attempts at relief. We have seen cases in which all the agents of materia medica were set at defiance, and which raged uncontrolled under the use of purgatives, antispasmodics, tonics, and powerful anodynes. A case of this kind is vividly impressed on our memory, and in order to give some assistance to those who may be bewildered as we were, we subjoin a history of the leading features of the attack.

Mrs. H. S. was delivered in 1845 of her first child.—The labor was not attended with any unusual occurrence, and the mother passed the first two days free from suffering of any description. We have never seen a case that was more propitious in all its characteristics, up to the beginning of the second week. At that time, the patient complained of pain in the right groin, extending down the thigh, towards the knee. We feared, at first, that phlegmasia dolens was about to show itself, but all the diagnostic symptoms of that disease were absent, and the case soon showed the unmistakable signs of neuralgia of a very grave character. The pain was of a most excruciating character; the patient could not

tolerate the least motion of the limb. There was no constitutional disturbance; all of the system, except the leg, was in a healthy condition. The lochial discharge was as it should be, the bowels regular, and the appetite good.

The treatment consisted of local applications, with a great variety of internal remedies. The most powerful stimulating liniments that could be borne, were freely used; the limb was enveloped in hot fomentations; and all measures proved futile. The various preparations of opium, and other anodynes, such as lactucarium, conium, henbane, &c., failed to give any kind of relief. During the fortnight that these remedies were used, there was no mitigation of the suffering. The iodide of potash, the vinous tincture of colchicum, and all other remedies of this class were tried freely and faithfully without any useful result. The patient was nearly worn out with suffering and loss of sleep, and the case assumed a desperate appearance. In this state of things, the continued affliction of the sufferer, and the failure of all common means for her relief, we remembered a suggestion of Johnson's *Materia Medica*, that a camphor vapor bath often proved powerfully anodyne. The suggestion was immediately improved, by placing the patient in a cane-bottomed chair, and disposing quilts around her so as to confine the vapor properly. An ordinary tin pan was placed over a spirit lamp resting on the floor, under the chair, and as soon as the pan was thoroughly heated, half an ounce of powdered camphor was thrown upon it. A powerful vapor was thus created, as so perfect was the effect that the patient could scarcely credit her own sensation when she found herself free from pain. This was her first respite for nearly three weeks. She enjoyed a refreshing night's rest, and next day seemed entirely well. On the following day she was much alarmed by the commencement of pain in the left groin, and for some hours the suffering was severe. In this case the pain extended upwards instead of downwards, as in the first attack. It occupied one half of the abdomen, the *linea alba* being the dividing line between the healthy and the suffering parts of the abdomen. The patient, a very intelligent lady, declared that the bowels on the left side of the line were in the most intense agony that could be conceived of, while the portion of the intestines on the right side was free from any kind of uneasiness. The camphor vapor bath was again resorted to, and perfectly relieved the sufferer. In a subsequent labor, this patient recovered without any return of this singular and obstinate neuralgia.

We have often used this remedy since it was resorted to in this case, and in no instance has it ever disappointed our expectations, and we commend it to the attention of our professional brethren as well worthy of use.—*Ibid.*

FRACTURES, AMPUTATIONS, &c.

It seems not to have entered into the conceptions of Drs. Walker and Stone, while contending for a higher and purer surgery than the amputating knife presents, that there was a height far above their own. For the kind of surgery that they practice and inculcate, their rules are excellent; but there is a kind of surgical science that makes these rules an utter abomination. Instead of all this care about large openings, dividing membranous and tendinous structures, preserving dependent orifices, or making counter openings for the exit of matter, would it not manifest a higher degree of skill to prevent the formation of matter, and thus render these barbarous measures for its discharge, unnecessary? The powers of the bandage are so obvious, so simple and successful in all these cases; they are so superlatively beyond all other means in their successful results, that we are at a loss to imagine how any other rules than those that belong to the proper application of the simple roller, can, by any possibility, find a lodgment in the mind of the surgeon. We have seen the most formidable injuries to joints, tendons, and muscles; comminuted, compound and simple fractures, invariably yield to the influence of the bandage, and many of them must have had, judging from observation of other methods, a serious termination under any other treatment. Under the influence of the roller, we have seen formidable gunshot wounds assume the aspect of ordinary incisions, and heal kindly in a space of time usually required for the sloughing process to complete itself. The formidable sloughing, immoderate flow of pus, fistulous formations, long continued illness and confinement are all absent under this treatment. Upwards of twenty years ago, we saw a case of injury that would have required amputation, and which must have ended in death, but for the bandage. Professor Dudley has recorded this case, and we cheerfully bear testimony to the accuracy of his details, for we saw the child dragged from its perilous place, and were incredulous as to the possibility of her recovery. Professor Dudley says:

A little girl, twelve years of age, playing in a horse-mill, was caught by the knee, between the principal wheel and walls of the building, and was carried round to a point where the approximation was so close as to stop the machinery propelled by four horses. After remaining between five and ten minutes in this situation, by the aid of levers and wedges the limb was disengaged. On examination, a few minutes after, I found all the integument, cellular substance, and most of the fascia protecting the muscles and tendons of the ham, for eight inches up and down the limb, were removed, and for about four inches around. The tendons of the biceps, semitendinosus and semimembranous were, exposed for at

least four inches, and the head and upper portion of the gastrocnemius to a still greater distance; most of the bursæ being scraped off, thus leaving the tendons ragged and bare. The head of the fibula was completely denuded. A small portion of integument, rolled up like a cord, was left on the outer portion of this extensive wound. On the inner and front portion of the limb and a little above the knee, a spot of some magnitude, of a livid appearance, indicated the opposite seat of pressure and violence.

The bandage was immediately applied, from the toes to the hip, for the purpose of preventing all swelling and inflammation, and to keep the limb extended during the cure. When the dressing was applied, the limb was nearly divested for the time of sensibility.

On the fifth day from the accident, the dressings were removed for the first time, when the integument that was killed all came away, leaving a suppurating surface, without either inflammation or swelling. On the twelfth day, and third dressing, by the process of sloughing, the whole of the lacerated fascia came away and left the entire surface of the wound healthy and suppurating. The flexor tendons were so extensively exposed that fears were entertained that they might slough, especially that of the biceps, the whole of which was exposed. All fears on that head were speedily dissipated by the appearance of granulations on all the tendinous surface. But from causes not known a fever now supervened, which was only subdued after a patient and unremitting effort of fifteen days. During the continuance of the fever, the patient lost as much by ulceration as the sore had gained previously by the granulating process, so that at the expiration of the first four weeks the wound was as large as at first, with a most obstinate disposition to contraction in the flexor muscles, created by some inflammation which had taken place. For it must be understood that from the loss of soft parts, the irregular conformation of the joint, and the impossibility of making complete, equable, and efficient pressure upon all points, the disposition of inflammatory action could not be entirely controlled. Under the persevering use of the bandage for another month, however, no medicated application being made to the wound, she was so far restored as to render farther attention on my part unnecessary. The occasional use of a splint, in aid of the bandage, was resorted to in order to counteract the flexor muscles of the limb.

Great apprehensions had been entertained for the preservation of the joint, because of the inflammation and the protracted nature of the case; but before the expiration of the third month, she was enabled to walk the streets with but partial stiffness in the joint, and that was temporary in character.

The frightful extent of the wound, the great loss of soft parts, and the contusion resulting from pressure that suspended for a num-

ber of minutes the motion of machinery drawn by four horses, furnished ample apology for the amputation of the limb; nor is it probable that it could have been preserved by any other treatment than that adopted in the case.

We regret that we have not space to continue this subject, for we have many interesting details to furnish in vindication of the claims of the bandage to a much more important place in surgical art than it generally obtains in surgical works. Of its great power over many affections for which it is rarely recommended, we shall present ample proof, and if the clinical reports of Dr. Gibb and Dr. Walker speak strongly in favor of the practice of M. Bauden and Dr. Walker, in comparison with the results of primary amputations, we shall be able to show that the surgical art which understands the bandage, and applies it with judgment, may boast a success and a series of results unattainable by any other means. These are matters of no ordinary interest, and cannot be too frequently enforced upon the attention of the profession. In realizing John Hunter's very correct idea of the difference between true surgical art, and operative surgery, the bandage will maintain a position that bids defiance to rivalry from any quarter.—*West. Jour.*

ON THE USE OF IODIDE OF POTASSIUM IN CHRONIC LEAD POISONING.—*By M. Melsens.*—The treatment proposed by M. Melsens and Natalis Guillott rests on this principle: to render soluble the metallic compounds which the system would retain, by associating them with a body which the system most readily eliminates. This point of view has already been realized: first, by means of the property possessed by all the insoluble compounds formed by salts of mercury and the substances which are met with in the system, to become soluble in iodide of potassium; secondly, relying upon the facility and rapidity with which this system eliminates the iodide of potassium, it has been admitted by analogy, that the compounds of lead retained by the system would most probably be dissolved and eliminated by iodide of potassium.

In the present communication, M. Melsens mentions several well authenticated cases of recovery from poisoning, by preparations of lead. All the patients treated with iodide of potassium were cured. M. Melsens shows clearly that neither sulphuric acid, nor the sulphates can be considered as remedial agents in chronic diseases arising from handling preparations of lead, whilst the sulphate of lead is a poison sufficiently virulent to destroy animals in a few weeks. Dogs never resist its action longer than one month, and some die in a few days. When sulphate of lead and iodide of potassium are conjointly administered to a dog, no morbid effect is produced within the time necessary to kill a dog, to which the sulphate alone was administered.

M. Melsens says, that if a very strong dose of iodide of potassium be administered in the first case to a dog suffering from disease arising from the administration of the sulphate, carbonate, or iodide of lead, he quickly dies—but that, if on the contrary, we commence by giving small quantities of iodide of potassium at a time, and gradually increase the dose, the animal is cured in a very short time. The doses of iodide of potassium which kill a dog laboring under the effects of lead, produce no action on a healthy dog. M. Melsens also relates several cases of complete cure who he obtained by following the same plan of treatment with persons affected with tremor from working on mercurial preparations. One of these was completely cured without ever discontinuing his regular work. The mercury came away in the urine, and was found in the state of the iodide: it was impossible to find any trace of the mercury in the urine of the patient after his recovery.

The result of the facts established in this communication is, that by means of the treatment with iodide of potassium, the cure of chronic poisoning by lead or mercury is not obtained until after acute poisoning has first taken place, which acute stage the medical man is fully able to direct, according to the strength of his patient, but which ought to be an object of the most scrupulous attention on his part. The experiments also prove that, although certain medicinal preparations, have an action of their own, yet they also act through the medium of substances which they find in the animal economy.

[We do not find that iodide of potassium exerts any well-marked solvent action on iodide of lead, although it very readily dissolves the iodide of mercury. It would have been most satisfactory if, before assigning the recovery of these cases to this solvent action of iodide of potassium, the experimentalist had distinctly proved that lead was thus carried out by these secretions, more rapidly than when the iodide was not exhibited. Until this had been shown, the conclusion respecting the curative properties of this salt is not warranted by the facts. It has been recently tried in some well marked cases, and has signally failed.—*Ed. Med. Gaz.*]
Med. Gaz.

TREATMENT OF RIGIDITY OF THE OS UTERI.—*By Dr. Scanzoni.*—Dr. Scanzoni, who has carefully examined the conditions of the os and cervix, in the latter months of pregnancy, believes that the constriction, which sometimes declares itself in the first stage of labor, is due to rigidity of the upper orifice of the uterine neck, and not the lower, which is generally sufficiently dilatable. Instead of the treatment usually recommended, viz: bleeding, antimony, belladonna, frictions, &c., he advises a continuous douche of warm water upon the os and cervix, directed by means of an appropriate instrument.—*Union Medicale.*

[On the subject of the *artificial dilatation of the os uteri*, Dr. Lawrence of Montrose, observes :]

I would advert to two points of practice, of which my experience is decidedly in favor, although I cannot offer any statistics regarding them. The first is gentle dilatation of the os uteri with the finger, when the pains are at all inefficient. That uterine action is often rendered much more brisk and effective in this manner, I entertain not the smallest doubt; while, on the other hand, I have never experienced anything unfavorable to result from it.—Query—Does the oxytotic effect depend upon a reflex action being excited by the pressure of the finger, or upon the os uteri, being placed in a more favorable position for being acted on by the longitudinal fibres of the body of the organ, when the os is pushed a little forward—just as the eye, when it has been deeply inverted by the internal rectus, cannot be advantageously acted on by the external rectus, until it is brought forward by the inferior oblique?

The second point of practice referred to, is the method adopted to secure timely expulsion of the placenta. Besides directing pressure to be made over the uterus after the birth of a child, I invariably lay hold of the cord, and, without pulling, *retain it in a state of tension*. This seems to have the effect of exciting the uterus to speedy contraction; and to this practice I attribute the fact of the placenta being expelled in all my cases within ten or fifteen minutes, in the majority within five minutes after the birth of the child. While it cannot explain the fact of my fortunately having met with no cases of retained placenta from adhesion, I think I am warranted to ascribe to this method of procedure the fact of my having met with no cases of placental retention from inertia, or irregular contraction of the uterus.

I may also state what may seem almost too petty to mention that I never use tape for tying the funis before the separation of the child, but always strong sewing thread. I was led to this from having got some serious frights at the outset of practice, by the slipping of the tape, and the alarming, and to the child almost fatal hemorrhage which ensued. I have known the same causality to occur in the practice of others, from the same cause.—*Monthly Journal*.

ON THE EMPLOYMENT OF CUPPING-GLASSES TO THE SPINE, IN INTERMITTENT FEVER.—M. Gondret submits the following method which he states, has never, in his hands, failed to cure intermittent fever: Apply eight or ten middle-sized cupping-glasses on each side the spinal column, from the neck downwards, and let them remain on for about thirty or forty minutes, without scarification, or, in other words, dry cupping. The time for applying the cups is the beginning of the cold stage, or, if it is possible, a short time

before its accession, say a quarter of an hour; and this not only prevents the attack, but, at the same time, the hot fit and the sweating. In most cases, one application of the cups is sufficient to cure entirely an intermittent fever—however, in cases of long standing, it only modifies the time of the attack, and requires, for a complete cure, to be repeated three or four times.

In my own private practice, for these last twenty-seven years, I have never once met with a case of intermittent fever which has not given way to this simple treatment. The vacuum produced along the vertebral column, operates, I think, as a salutary derivative, which is easily understood, by considering the different anastomoses which exist between the vertebral arteries, and those of cerebrum, such as the vertebral arteries, the circle of Willis, the bronchial, the cardiac, the esophagian, &c. I cannot affirm that his mode of treatment would succeed in your climate: at all events the experiment can easily be made.

As to the seat of the disease, it is impossible to affirm, with absolute certainty. However, from my own observation, I am inclined to think that it is sometimes located in one organ, sometimes in another, and the treatment is based on that belief; thus, when there are headache, giddiness, heat, and heaviness of the head, I apply cups to the back of the neck, and sometimes take away one ounce or an ounce and a half of blood, which immediately relieves; if there is cough, difficulty of breathing, palpitation, &c., I apply them between the shoulders; and draw two or three ounces of blood, and so on. By following this plan, I always find the symptoms disappear in a short time.—*Encyclograp. Medicale.*

USE OF SULPHATE OF IRON IN CHANCRE AND GONORRHOEA.—
[An anonymous correspondent of the *Lancet*.]

The whole class of caustic agents, when applied to the Hunterian chancre (though the potassa fusa cum calce be used till the ulcer be "punched out," as recommended by M. Ricord) form an eschar with pus still secreting; in fact, the morbid cells have not been destroyed. The alkaloids and hydro-carbons are equally inefficacious.

If a chancre be perfectly freed from its eschar and the enclosed pus, at the bottom of the excavation may be observed minute white points or germs, secreting, slowly, the morbid virus. If, now, the proto-sulphate of iron, minutely pulverized, be dropped into this excavation, the parts will instantly assume a charred appearance, the metal is absorbed into the tissue, the morbid cells or germs will instantly cease to secrete pus, the cleared cavity will shortly granulate, and a smooth surface, without any induration, will be the result of the use of the proto-sulphate of iron. The chancre is destroyed.

It is known to chemists, that the proto-sulphate of iron absorbs large volumes of oxygen and nitrous oxide gases. The proto-sulphate of iron, I have observed to be the most powerful agent for arresting decomposition in animal and vegetable substances. Inflammation and decomposition in the living tissue is likewise arrested by it.

In gonorrhœa, we have now an agent arresting the morbid cellular action, in the salts, which should be used in solution super-saturated.

In leucorrhœa, and in simple ulcers, the morbid action is arrested or peroxidized by this metallic salt.

Large doses of this salt have been exhibited in obstinate diarrhœa, with great benefit.

The action of this salt will produce a great change in superseeding mercury, in the treatment of diseases of specific origin.—*Lancet*.

ON A SOLUTION OF IODINE IN OIL.—By *M. Marchal*.—This preparation has superceded the other form of iodine at the Val-de-Grace. *M. Marchal*, believing that cod-liver oil owes its virtues to the small quantity of iodine which it contains, concluded, that a more effective preparation of this substance, than the iodide of potassium is found to be, might be made by combining it with an organic body; in which state, the drug would probably be longer retained in the economy. He selected an oily body, in the hope, that the oil, by forming an emulsion with the bile, would allow of the substance being digested in the small intestines, and enable the stomach to become relieved of its presence. In this way, large doses of iodine can be administered, if requisite, without irritating the latter organ; while the iodine is eliminated by the urine more slowly, than is the case with the iodide. At the same time, its absorption is made certain, by the fact of its not being detected in the feces. The iodine is dissolved in fresh almond oil, as wanted, in the proportion of one part to fifteen, and of this, an emulsion is made with gum tragacanth and the milk of almonds. The minimum dose is one grain, gradually increased to six grains. *M. Marchal* has used it extensively, in the treatment of buboes and other glandular enlargements, with the best effects, in promoting and hastening their cure: *M. Ricord*, also adds his testimony in favor of this preparation.—*Gazette de Hopitaux*.

Part 3.--Homœopathy.

THE HISTORY OF MEDICAL SCIENCE.

AN INTRODUCTORY LECTURE, BY STORM ROSA, M. D., PROFESSOR
OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY, IN THE
ECLECTIC MEDICAL INSTITUTE, CINCINNATI, OHIO.

Gentlemen of the Medical Class:

Custom has made it incumbent upon professors in medical colleges, when first entering upon their duties in their official capacities, to give what is commonly styled, an introductory lecture before the class.

In obedience to the duty thus imposed, I now stand before you with a hope that I shall, in the course of a few remarks which I am about to make, present some things which will be interesting and useful.

But before entering upon the subject which I have chosen for our consideration, I will ask your indulgence for a few moments, whilst I make a few preliminary remarks, which recent occurrences have suggested, and the present occasion seems to demand.

The responsibility of a public teacher is increased or diminished, according to the nature of the science or doctrines which he professes to impart; it is therefore proper, when any thing new is about to be generally diffused among mankind, that the community should have the right to express an opinion freely upon the matter and manner of the teaching, although it has no power to suppress by force, any doctrine, however odious or improper it may appear to be, but only through the supremacy of public opinion.

Amongst the things which concern our material existence, it must be conceded that the science of medicine stands foremost, and holds the most prominent and important rank, and in this matter, the public is the only legitimate tribunal from which a just and true verdict can ever be obtained, with regard to the merits or demerits of any particular mode of medical practice.

It is not the subtle intricacies of fine spun medical theories which interest the family of man; but it is the result of medication which now immediately demands their attention, and of which they assume to be competent judges. It is true they may be kept in a slumbering ignorance, when there is no opportunity for comparing the success of the different methods of medication. But the day is past when legislative protection can any longer be called to

the aid of any denomination of medical practitioners; the light of mental improvement has compelled all men to stand before that stern tribunal of public opinion, upon terms of equality—the day is past when a homicidal practice can be palmed upon mankind with fearless impunity. All men can look upon the results of the several methods of medication, and choose such professional men as appear to them to be most successful in the cure of diseases.

A homœopathic professorship in a medical college of another method of practice is a novel experiment in the U. States, and yet more than thirty chairs are filled in the different colleges of Europe by Homœopathic professors, and no serious difficulties have grown out of the arrangements, so far as we have been able to learn. But when it was first proposed to me to accept a professorship in this Institute, I regarded the project as chimerical and impracticable, owing to the peculiar nature of our Institutions in this country. It is true I had not given the subject much consideration, nor did I know of the generous policy of the Eclectic Medical Institute. I knew that the Institute acted under a charter from the legislature, and that it had all the powers that any college possessed in the State. I knew also that all the branches of medical science usually taught in medical colleges were taught in this; and I found, on further investigation, that all that constituted the difference between it and the old school of medicine, consisted in expunging from the *materia medica* all acknowledged dangerous remedies, and instituting a more rigid research in the arcana of nature for more efficient and more safe remedies for the removal of disease, as well as better principles for guiding their application. All of these facts being duly considered, I then determined upon my future course, provided the way should be opened as had been suggested.

When I cast my eye over the medical world, I saw the mighty struggles which the young science of Homœopathy was making against the combined force of the most powerful profession in the civilized world; I witnessed their ribaldry and sarcasm, and their undignified personal abuse against all who did not bow down before their idol, and do homage at their bidding; I regarded this opportunity of presenting the claims of Homœopathy under the patronage of this liberal and popular institution, as a special interposition of Divine Providence.

But I regret that the mantle had not fallen upon the shoulders of one better qualified than myself to discharge the onerous but honorable duty of imparting so noble and so useful a science as Homœopathy, to this intelligent medical class. But as the task is mine, with your indulgence and co-operation, I will endeavor to discharge the duties with fidelity to the cause which I have undertaken.

It has been urged, and perhaps with great sincerity and honesty of purpose, that the promulgation of our doctrines to a medical class, which was at the same time instructed in another method of

healing the sick, would necessarily amalgamate the two methods of practice, and thereby destroy the identity of both. Such an argument as this, to a well informed Homœopathic physician, would be preposterous and absurd, and he could not seriously entertain it for a moment. He would at once see the impossibility and utter impracticability of such an amalgamation—men less informed in the science, possibly might entertain such or any other fears which their imaginations might suggest.

The well informed Homœopathic physician knows that no prescription in his line of practice, can by any possible means, be mixed with any other method, without an entire failure; and this must be the inevitable result in all cases. Now who will practice Homœopathy when it fails him in all cases? And now where is the argument of amalgamation?

The reflection which I have given this subject, has led me to a different conclusion.

The student is here presented with the different doctrines of medical science, and at the same time he is left at full liberty to believe or disbelieve either. He is not held responsible to any one for his medical creed, the mind being left free to judge of the comparative merits of the different doctrines, he will be better enabled to select from the whole a creed which will be more satisfactory to himself, in his future labors as a medical man.

The arguments which have appeared in a few public Journals, seem to imply that students are bound, in *some way*, to practice the method taught in the school where they were educated; consequently, if Eclecticism, Allopathy, Hydropathy, and Homœopathy should, perchance, be taught in the same university, the students would necessarily practice them all, mixed in a medley of hybridism and indescribable amalgamation, that nothing but inspiration could name or disentangle.

The great and leading object of the founders of this Eclectic Medical Institute was, and still is, to reform and improve medical practice, for which laudable and noble enterprise, it is well known they have been denounced by the self-styled regular schools throughout the length and breadth of the land. They have steadily, notwithstanding the war of extermination which has been waged against them, pushed onward—they have brought into requisition a countless number of new medicinal agents, by which they have conquered the most fearful malady that ever visited this city or the family of man. For proof of this we have only to refer to the official report of the cholera hospital for the past season, and the results of private practice, which have been equally satisfactory.

But as I have already passed the limits which I had designed to occupy before entering upon the subject of my discourse, I will leave all other preliminary remarks for some future occasion.

No science is more important to the whole human family than

that of the healing art. And yet there is none, the history of which is less known to mankind in general.

The pretensions of the allopathic medical profession, however, in historic authority, are neither few nor moderate, for there is no profession that boasts more of its antiquity—none more of its research and great learning—none that makes higher claims to regard on account of its ancient records and accumulated wisdom.

For the most part, it is held to be a satisfactory argument, for the high value of orthodox medical practice to be able to recount the names of the fathers, with their opinions and sanctions—as though it were empiricism of the most undignified character, as though it were heresy to raise a single question touching the usefulness of those ancient truths and antiquated dogmas.

The general ignorance of mankind upon this important branch of history, enables the learned of the profession, whether their position be true or false, always to obtain a victory over the mind of the multitude.

There is among mankind a natural veneration, and a very laudable one indeed, for ancient usages, those especially which have been carefully handed down to us through a channel of credible and indisputable authority; and when these usages have been put fairly to the test of experience, they obtain with us a permanent credit.

But the history of Medicine, which is the present object of our consideration, with its dogmas, is not entitled to such regard for its antiquity. So far is this from being true, that its history is only a record of the follies, ignorances, caprices, superstitions and credulities of man; and in our view nothing but an unblushing ignorance of the whole matter of it, would be an apology for resorting to such arguments in its behalf.

I propose to consider a few of the leading dogmas in connection with the history of this important science, in a very brief and concise manner, and thus exhibiting a comprehensive view of facts, from which we shall see how much the ancients have contributed to elevate the science of medicine.

Upon a full and fair examination of the whole subject before us, I am unable to find much which will be likely to interest us at this time, anterior to the second century of the Christian era.

In the year 131 was born at Pergamus, in Asia Minor, Claudius Galenus. He received his first lessons of rudimental knowledge from his father; afterwards he accumulated much learning by traveling and by conversation with the most eminent and learned physicians of the age. He was distinguished for his indefatigable perseverance in endeavoring to accumulate wisdom from all sources which were within his reach. The science of medicine was his favorite pursuit above all others. At length his great popularity gained him sufficient influence to overthrow all previous systems of medicine, and to establish an entirely new one, which governed

the medical world with a kind of oracular power for about *thirteen hundred years!*

This system which obtained for so great a period of time, is now regarded by the learned of the allopathic profession as replete with strange conceits and ridiculous follies, and as not having contributed in the least towards the advancement of the science of medicine over its predecessors.

With all the attendant absurdities of this system, it gained great credit for its author, and during the whole period of its continuance as the standard of medical practice, it was regarded as a kind of therapeutical heresy to question or doubt a single position which he had laid down as a guide in medical practice. Indeed, no one dared to question his authority as equivalent to immutable truth. It was suicidal to the reputation of any one to presume upon any thing which was not sanctioned in the works of Galen.

It does not require the mind of a Newton or a Bacon to discover the same dominating disposition in the old medical school: and were it not for the intelligence of the present generation, all who dissent from the maxims of the allopathic school, would be robbed of their reputation, and would be driven from the ranks of the profession in disgrace. The threats and denunciations of the medical sanhedrim have, in all times past, held the people and the members of the profession in ignorance. The number even at this day, (when the people are calling loud and long for reformation,) is comparatively very small of those that dare to "beard the lion in his den."

In reference to Galen, an able writer of the present day says, "For thirteen hundred years after his death, no one dared to oppose his authority, either in point of fact or hypothesis; and it was even considered a kind of heresy to pass over the limits of investigation which he had assigned to medicine, or to suppose that he had left any thing to be discovered by his successors.

In consideration of the importance of the subject before us, and of the prominence of the character of Galen, whose authority is often quoted by the allopathic writers of the present day, I have regarded it proper to set forth the leading dogmas of this distinguished medical leader.

He taught as the fundamental principle of all medical science, that the human body is composed of four elements, to wit, earth, air, fire and water.

He also taught as another fundamental truth, that the animal body consisted, in addition to the four elements, of four humors. This doctrine of elements and humors, it is said, he borrowed from the writings of Hippocrates.

The seat of disease in all cases was in the humors, and that disease resulted in all cases from a vitiated state of one or more of these humors.

He also taught that life consisted of four qualities, to wit: heat, cold, moisture and dryness, and that these four qualities might exist in the four humors, in four different degrees, and by some unlucky or accidental combination of these four qualities, which existed in the four humors, disease is produced.

His *materia medica*, and the qualities which he assigned to medicinal agents, are no less curious and singular than his theory of disease.

He assigned to all medicinal agents four qualities, which were identical with the four qualities in the human body, and that they were curative in the exact ratio in which they were found to contain one or more of the above qualities preponderating.

By what test he was enabled to determine which of the four qualities preponderated, we are left to conjecture, but infer that the taste was the principal means of ascertaining that fact.

Charms, amulets and incantations were the natural accompaniments of all the absurdities which were taught in the Galenian school, and all these, as history informs us, were freely plied in practice, and more especially so, as literature lapsed into the dark ages which followed.

There were numerous commentators, who produced elaborate and voluminous works upon the doctrines of Galen, all of whom served merely to perpetuate the fame of their master, without daring to venture upon one single innovation on his established doctrines—no heresies arose to be extirpated or denounced—the bounds of wisdom and philosophy were fixed by the arbiter of all reasoning—none had the temerity—none had the propensity to pass over them.

At the beginning of the fifteenth century, the regular medical profession had lost nearly the entire confidence of all the refined and better portions of mankind. All the medical literature of that period of which the world had so long boasted, and which is now the pride of allopathy, consisted of some of the commentaries upon the texts of Galen, which had been translated into Arabic, the whole of which consisted, according to the most learned historians of that time, of a mass of the most inconsistent incongruities which a blind superstition ever cultivated as a science.

According to the opinions of modern medical writers, Galen did not contribute in the least over his predecessors towards the advancement of medical science; but on the contrary turned the attention of all the learned in the profession to minute distinctions, abstractions and hypothetical theories, and at the same time lost sight of all practical research, which had measurably distinguished his predecessors.

But the season of intellectual darkness, superstition and bigotry, was not fully accomplished. The mental darkness which was mainly the result of superstitious and ambitious leaders of all the

learned professions of that period, only prepared it for still greater drafts upon its credulity. All scientific knowledge was placed beyond the humble walks of life, and the common people held all science, more especially that of medicine, as a mystery, which was under the special control of a good or evil spirit.

This low state of literature, and the prevailing superstitions to which the practitioners of medicine had greatly contributed, and which now hung upon the mind like an incubus, prepared the way in a peculiar manner for a new leader in medical science.

Paracelsus, a Swiss by birth, was in every way eminently qualified for the undertaking. He saw the low ebb of the human intellect, and the almost entire extinction of every species of literature amongst the mass of mankind; he also appreciated the prevailing superstitions of the age, together with the unlimited credulity in the medical profession, all of which served his purposes, in an eminent degree, to overthrow the doctrines of Galen, and to establish an entire new theory of his own invention.

Paracelsus commenced his career as a public teacher, first in the university of Basle, in the year 1527. He possessed peculiar qualities of mind, and great eccentricity of character. For impudence and assurance he had no parallel. His doctrines spread throughout the continent of Europe, with nearly the speed of the magnetic telegraph, and effectually overturned all the dogmas of his predecessors, which had stood the test of public opinion for so many years.

However there were still devotees to the doctrines of Galen, who lingered about the old dilapidated temple with a devotion and tenacity not very unlike the old school adherents of the present day. For want of argument they resorted to abuse, and quoted their ancient dogmas in the absence of all other reasoning, to sustain their unenviable position.

The theories and fancies of Paracelsus only obtained for a short period, and proved of no great value either to science or the art of healing. But his doctrines served to remove the spell which had held the mind in superstitious ignorance for so long a period, and left it free to search after truth amidst the follies of by gone days.

The study of alchemy was the ruling passion of Paracelsus. In that science he could perceive all the laws which govern animal life. Physiology and pathology were both embodied in the laws of alchemy, and were completely within his comprehension.

He defined animal bodies to consist essentially of *Mercury, Sulphur and Salts*, and that these three elements were the constituents of all organized beings, and that these three elements must exist in mathematical proportions in each individual, in order to constitute health.

He embraced and taught the doctrine that life is the combined action of certain divinities, which resided in, and presided over the

several organs. Each organ having its own appropriate divinity, was entirely independent of any other, and that it was by some definitive treaty between the whole that the functions of life were performed harmoniously.

These divinities were divided into different grades; he imagined the first class, (to whom he had assigned about equal rank) as presiding over the brain, the lungs, the heart and the stomach; the second class were again divided into different grades, according to the importance of the organ over which they presided.

At that period when Paracelsus commenced as a public teacher, the Galenists were still in possession of mostly all the medical schools. A fierce war was now waged between the contending parties, all of which gave consequence to the new school, and finally served effectually to break down the old dynasty.

This war with superstition, bigotry and absurdity on the one side, and poesy, novelty and fiction on the other, lasted nearly a whole century. The Galenists continually losing strength and numbers, whilst the Paracelsians were continually increasing. At length hostilities ceased between the parties by commingling the different views upon the subject, and all agreeing by making reciprocal acknowledgments of their own deficiency, that neither party was in possession of the true art of healing, which was readily acquiesced in by the people.

The doctrines of this singular genius were rapid in their progress. They passed over the civilized world with surprising rapidity; but like all other theories which had preceded them, their absurdities became too apparent. They became the subject of ridicule by all parties, and were doomed to remain among the things that were.

Nothing now remained but to get rid of all the rubbish which had beclouded the human understanding on this all important branch of science, for so many centuries, and to seek something which might be useful to suffering humanity.

At the close of the sixteenth century, a new era seemed to dawn upon the world; all eyes were now turned towards a distinguished and learned man, a native of Brussels—John Baptist Van Helmont. This distinguished gentleman now became the great leader and teacher of medical science. He assailed all the principal doctrines of his predecessors with great violence, except a few from the works of Paracelsus. His doctrines were almost entirely based upon chemical principles, and consequently served no valuable purpose towards establishing a reasonable foundation upon which to erect a rational science of medicine.

He endorsed the doctrines of Paracelsus, of presiding divinities, but he assigned to them qualities or power which the creative genius of Paracelsus had never conceived of. He supposed them possessed of all the human passions individually, and that any

cause which might *perchance* disturb the equanimity of either of them would produce disease. This improvement principally enabled him to overthrow the remainder of the doctrine of his immediate predecessors, and to establish one in accordance with his own views. His *materia medica* was based upon chemical principles exclusively—whilst he lost sight of all induction and experiment, and brought all the departments of medical science to a hypothetical standard.

All medicinal agents must have the power of appeasing some one, or all of the offended divinities which power could only be determined by a peculiar chemical analysis of the article to be used.

This power in a remedy capable of appeasing an offended divinity, and which could only be determined by some mysterious chemical process, was too absurd to obtain much confidence amongst the thinking part of mankind, and consequently, after looking over the absurdities which had in all time accompanied the profession of medicine, they repudiated and denounced the whole matter as being an imposition which had been palmed off upon the human family by designing jugglers.

But the natural demand for something to relieve human sufferings prevented the door of science from being closed against all effort in behalf of humanity. Sylvius of Germany and Willis of England commenced a work of medical reformation simultaneously. Whether a concert of action was agreed upon between these two reformers is not known, but there was a remarkable coincidence in their efforts. Their first effort was brought to bear against all the former theories of medical literature, and without much mental exertion, they succeeded in proving clearly that the world had been greatly imposed upon by the great medical leaders.

Their next movement consisted in preparing the public mind to receive some extraordinary development. They held out that a true science of the art of healing lay still deeper in the arcana of nature, and only required deeper research to discover it and bring it forth, they intimated, that they had just begun to discover the twilight of truth.

They had succeeded in awakening the curiosity of all Europe, and all eyes were now turned upon these two prodigies of learning and philosophy, and all appeared anxious to hear and adopt anything which they should finally determine as truth.

They finally succeeded in discovering that life is a mere fermentative process, that two elements or agencies only, produced all the phenomena of life in health and disease; these two agencies consisted of an acid and an alkali, and that all abnormal conditions originated in some disproportion of these two chemical agents.

This doctrine in its turn became quite popular, on account of its great simplicity. It commended itself to all grades of society, it

being so easy of comprehension. It therefore required but little effort to establish this doctrine as a great truth.

This new theory enabled the physicians of that school to solve all pathological questions, and to bring the whole matter of the disease within the comprehension of every body. All investigations of diseases was easy, and the only question to settle was, which preponderated, the acid or the alkali, and the remedy was at hand for a speedy removal of it.

Chemistry was a science which had been cultivated to some extent by the fathers of medicine, and it was now made available in the new practice. It taught that an alkali and an acid neutralized each other, and from this principle it was easy to determine what medicine was indicated.

To make this new medical practice harmonize in all respects, it became necessary to establish the doctrine, that all vegetables and minerals were endowed with these two great agents, an alkali and an acid, and which existed in them in different proportions, and to render an article available in any given disease, it should possess one of these two great agents in an inverse ratio to the disease.

The *materia medica* was arranged in accordance with the alkali and acid principle. Some remedies were supposed to contain large proportions of alkali, and others to participate largely in acidity, these qualities entitled such articles to a distinguished place in the *materia medica*.

This fermentative doctrine of Sylvius and Willis continued to dazzle and blind the world, but for a short period, when William Harvey discovered the circulation of the blood. This discovery took place in the fore part of the seventeenth century, when Sylvius became one of his disciples, and advocated his doctrine in the university of London, where he was then first professor of medicine in that great institution.

At this period, Descartes revolutionized the literary world with his corpuscularian philosophy. Mechanics and natural philosophy seemed to engross the attention of all great men, and with all their circumstances combined, served most effectually to demolish the chemical theory of Willis and Sylvius and again to sweep every vestige of medical theories of by-gone days into a hopeless oblivion.

At about the close of the 17th century, all hypothetical fancies, and imaginary speculation which had hung over the human mind, upon the subject of medical science, since the days of the great founder of the Galenian school, being swept into forgetfulness, only remained upon the pages of history as an index, pointing to the follies of the past. But destiny determined that such a blank should not continue long. Bellini, an Italian, stood out in bold relief. He directed the attention of all the learned, to an entirely new principle for curing diseases. His native country had remained

in darkness for many ages, and more especially upon the subject of medical science; consequently, local and national pride gave him great consequence in his own native land. He directed the attention of the profession to entirely new laws, by which animal life was governed.

He maintained that all the functions of animal life are subject to the laws of gravitation, and are wholly controlled by it; and that the same laws which govern mechanics, hydraulics, and hydrostatics are applicable to animal life; and that a complete and perfect knowledge of these laws, will enable us to solve all the phenomena of vitality and organized life.

A modern historian says: "Perhaps no hypothesis, since that of Galen, was ever received with more enthusiasm, or adopted with more implicit faith. In proportion as mathematical reasoning prevailed, attention to chemistry was withdrawn, and so entirely was the learned world engaged with the fascinations of mathematics, that for nearly a century scarcely a single improvement was made in the science, and the application of chemical laws to pathology and therapeutics was altogether suspended. Now instead of acidity, alkalinity, fermentation, putrescency, &c., we find the medical authors of this period constantly referring to calculations respecting the size of the particles, the diameter of the pores and vessels, the friction of bodies against each other, the impulse of the fluids, their deviations and revulsions, the momentum of the blood, its viscosity and lentor, its obstructions, resolutions, and various other hypothetical expressions, derived directly from a mechanical cause, and considered as the sole agents in every corporeal action."

After a very short experience mankind became convinced that out of all this mechanical doctrine, no practical benefit whatever could result, and they compelled the profession once more to retire from the field of humbugery.

Secret remedies were now freely plied everywhere, and supplied the place of those which had formerly emanated from the hands of scientific men, and the most ignorant and impudent juggler took the place of the most learned practitioners in medicine, and the science of healing the sick became once more the object of contempt.

Soon after the decline of the mechanical theory, at about the beginning of the 18th century, George Ernest Stahl, a professor in the University of Halle, became a leader of a sect of physicians in opposition to the mechanical theorists. A fundamental principle in his theory was, that there was a power in the animal existence, which appeared to resist injuries, and repair them, which Van Helmont had recognized, and to which he had ascribed a certain degree of intelligence. Stahl recognized it, and affirmed it to be the soul, "which he affirmed, not only originally formed the body, but is the sole cause of all the motions, in the constant excitement of which, life consists: whence diseases were generally regarded as a

salutary effort of the presiding soul. This hypothesis, besides its visionary character, was partly deprecated as leading to an inert practice, and the neglect of the collateral branches of medical science, even of anatomical research, which Stahl maintained, had little or no reference to the art of healing."

It was quite natural that when a man of great genius like Stahl, had taken a full view of the history of medicine, and had fully witnessed the follies and absurdities which had been fostered and venerated by the renowned of all the earth, that he should fall into some of the opposite errors.

He repudiated the heroic practice of that day, and condemned it as being injurious to health, and also endangering life. He condemned the use of cinchona, opium and mercury, the remedies, which then as now, stood at the head of all curative agents.

The doctrines of Stahl soon lost all of their charms and finally settled away into a kind of careful and attentive nursing as their practical result.

We have now arrived to within our hundred and forty years of the present period, with our historical narrative, and we leave the profession in about the same condition in which we found it nearly sixteen hundred years previously, and we do not learn, during that whole period, that any important discoveries were made. From the days of Galen to near the close of the 18th century, the whole history of medical science is a mere reflex of the follies, fancies and caprices of the mind of man.

Ambition, superstition and avarice have each held separately and collectively a very prominent position in directing and establishing all of the theories which have for so many ages held the human mind in ignorance.

Upon a final review of all the facts connected with the history of the healing art, can there be a much greater absurdity than for an enlightened member of the old medical profession to quote the past for medical authority? And yet, we are frequently saluted with the *Syren* song, that ours is the only regular profession, it has stood the test of ages, and has amongst its lore, the accumulated wisdom of twenty-five hundred years.

The value of such boastings and arguments can easily be appreciated from a true history of the past; and when it shall be as familiarly known to mankind in general as other branches of historical knowledge, I feel quite confident that no medical man who has any regard for his reputation, will have the unblushing effrontery to even hint at such claims to regard and confidence.

It would give me pleasure to continue this interesting branch of history up to the present period of time; but the number of leaders with their different theories, have multiplied so rapidly since the time of Stahl, that the materials would fill volumes of absurdities which are no more entitled to our regard and respect, than the doctrines of Galen and his immediate successors. (*To be continued.*)

HOMŒOPATHY.

Gentlemen :

In viewing the back numbers of the Eclectic Medical Journal, I must say I am highly gratified with a large portion of the medical matter they contain, especially the number of the present season. Reform is advancing rapidly, not only in your beautiful city, (which bids fair to be the Emporium of Medical Reform,) but is triumphant everywhere; may its blessed consummation hasten. But there is a new feature in your valuable Journal, which I will style a singular phenomenon. And although it is highly probable that I am not as competent to appreciate the revolutions that are taking place in the healing art, in these latter days, as those who are at the fountain head, yet I feel disposed to make the matter the subject of a few remarks, and I know of no better source to direct my remarks to, than the Editors of the Journal.

The phenomenon I allude to is the appropriation of a part of the Journal to Homœopaths, together with a Homœopathic professorship in the Eclectic Institute. I am fully aware that it is one of the fixed principles of reform, to extend liberality to all, and not only investigate, but court investigation; and this, I presume, is one of the reason why the Journal has put on its present feature. For I presume it is not intended to make Homœopathics out of Eclectic physicians. It will do very well to make Homœopaths out of Allopathic, for it is considered by both that no practice is better than Allopathic or old school Hunkerism. I go for any plan that will prevent the alarming mortality that attends the old exclusive mineral practice. But at the same time, if Eclectics have established a reputation of treating disease more successfully than Allopathics, it has been from the fact that they use better medicines, and apply them more skilfully, the action of which is more in accordance with the laws of life. Now, if such be the fact, Eclectics feel confident in the potency of their remedies, and go forth fearlessly to cope with disease in all its violence and multifarious forms, and find they are not disappointed in their expectations. Then the healing art is not a mere humbug, but a matter of certainty, and if giving medicine is not a hoax, then it must be given so as to produce a certain effect. If one-tenth of a grain of Ipecac will not nauseate, and five grains will, then ten or twenty grains will produce emesis, and if it is necessary to dislodge corrupt or bilious, or other deleterious matter from the stomach or intestines, then it is necessary to give emetics or cathartics, and those that will act efficiently. I would not give a groat for a medicine that does not act upon the functions designed to be acted upon, and that in a manner, so that I can perceive its action, and know it is performing its appropriate office.

The course I have adopted is, that when I am certain that a specific action in the system must be aided or established, and have in my possession a certain medicine that will produce or aid in bringing about said effect, to give and keep giving until the desired effect is attained; and if a medicine (so called) does not act in an obvious manner after testing it a few times, I throw it aside. Quite a number of articles of the Eclectic practice have met this fate, in the few years I have been prescribing for the sick. But I have all confidence in medicine; if such was not the fact, I would not be engaged in the practice. But I have no objections to the change contemplated by Homœopathists to reduce the amount of poison to infinitesimal doses. This would accomplish much good; it would place all the old hunkers on as safe premises as the young doctor was when he would not give any medicines but catnip tea, lest he might do harm. One thousandth part of a grain of arsenic is not so dangerous a dose as one, twelve, or fifteen grains; so with calomel, copper, zinc, lead, antimony, &c. From this consideration, I bid them god speed. Eclectics can look on and feel gratified at their success, hoping in the events of the future, to be the means of giving them more light, and elevating the entire practice to what the Eclectic now is or may be.

If these few remarks, in your judgment, will not give offence to some or any of the good friends of Homœopathy, you are at liberty to insert them in the Journal.

D. B.

Bellefontaine, Ohio.

In publishing the foregoing candid observations, we deem it our duty to remark that Homœopathy has something more than the negative merit which Dr. B. ascribes to it. Homœopathy has, if human testimony be worth anything at all, a valuable curative power. We have long demanded that old school practitioners shall pay some regard to the practical evidences of Eclectic success. We have denounced them for their unwillingness to investigate. Now Homœopathy makes the same demand of us, that we shall look at the extensive array of evidence of its practical value, and that we shall give it a fair trial. We find the evidence of its success, and great superiority to Allopathy, decisive and satisfactory. We find it eminently worthy of a trial as a species of medical reform, and it now rests with Eclectic practitioners to ascertain, by actual experiment, whether any of the Homœopathic remedies are capable of accomplishing objects which cannot be attained by the means already in use, or whether in any disease, the Homœopathic remedies act with greater certainty and safety than we are accustomed to witness.

So far as we have heard of, the trials of Homœopathic remedies by Eclectic physicians, the results have been highly satisfactory, and in many cases, the results are as prompt and decisive as by any other system. It is true, as Dr. B. remarks, that the Homœopathic doses are too small to produce any important effect, if applied in the ordinary manner, but it must be borne in mind, that they are applied on a totally different principle.

A small fraction of a grain of Ipecac would be entirely insufficient to produce emesis, nor would a repetition of the dose produce that effect. But it should be recollected, that Ipecac is used by the Homœopathist not to *produce emesis*, but to *allay nausea*. It is well known that a small dose of Ipecac or Lobelia will very generally allay or remove nausea—even a much larger dose than Homœopathists generally use will produce that effect. In like manner, a Homœopathic preparation of *Podophyllin* would be used, not to overcome costiveness, but to counteract a bilious diarrhœa. Hence it is obvious that the dose must be exceedingly small to prevent the development of the usual results of remedies, and enable them to operate in this retro-active manner.

The Homœopathic method of practice possesses a convenience, delicacy and precision which belongs to no other, and which, in many instances, would render it preferable, if equally certain and efficient.

Every enlightened physician knows that there are a great many different remedies, and different methods of practice, which will accomplish similar results in the treatment of any disease. Hence it is desirable to have command of all the resources of the materia medica, for it often happens that we find the utmost limits of our knowledge insufficient for the accomplishment of our purposes. The worst feature of old school practice was its limited and pernicious materia medica. To that Eclecticism should present the greatest possible contrast, in availing itself of everything that is safe or successful. We think we have ample evidence to warrant the assertion, that the numerous safe and delicate specific remedies introduced by Hahnemann, are worthy of the attention of Eclectic practitioner, and will, in some instances at least, accomplish results very difficult of attainment by any other agencies.—B.

Part 4--Editorial.

AN EARNEST APPEAL!

Friends of Medical Reform! Have you ever patiently reflected upon the position of the medical profession, and the duties which devolve upon every member of that enlightened portion who constitute "the vanguard of the army?"

We fear too many have overlooked their own great responsibilities, and relied too much upon the power of truth and its public champions. We fear that each practitioner has not fully realized *his own importance* as a member of the army of reform, and the indispensable necessity of his laboring for the regeneration of medicine, and the temporal salvation of mankind.

At the present time, there are probably as many as fifty thousand physicians in the United States, who are attached to the old school system of practice, and who have an immense amount of wealth, reputation, and social influence, nearly all of which is devoted to the perpetuation of the falsehoods, the bigotry, the prejudice, and the despotic organization of the profession, which we collectively designate under the title of *Old Hunkerism*.

Wherever this influence prevails—wherever it has not been broken down by the spirit of reform, every great innovation in science, morals, philanthropy, or governmental justice, is resisted with a stubborn and vindictive opposition. The medical profession under its old organization, has stood firm like the Catholic church and the aristocracies of Europe, against every boldly progressive movement of science, liberty, and humanity. At the present time, if you would excite the implacable hostility of the members of the Hunker organization, all you need to do is to make a signal improvement in your profession, and to treat with success diseases which have baffled their skill. The young man who wishes to receive the frowns of his seniors, and to have a strong combination to put him down, need only pass by the offices and colleges of an unsuccessful practice, and take lessons from some one who is really

a successful practitioner. Or if he has bowed to their authority so far as to take lessons from the high priests of medical delusion, he can easily secure their anathemas by treating with courtesy and justice, any man of profound science, who has learned more of nature's laws than collegiate professors are acquainted with, and who has, therefore, been excluded like Harvey, from collegiate fellowship and professional courtesy.

The spirit of Hunkerism is every where the same, and fraternizes all over the globe. In the medical profession, in church, and in state affairs, it is alike everywhere the spirit of selfishness, the spirit of hypocritical ambition, scorning all truth which is not subservient to its own advancement, and repudiating every high and holy principle. Until this Satanic spirit is crushed, the world must advance but slowly in science and in happiness—the lovers of truth must struggle with persecution, and fashionable scientific homicide must continue to ravage our country.

Against the fifty thousand, whose influence contributes directly or indirectly to maintain the power and organization of Hunkerism, what force can we array? We believe there are not more than five thousand of all classes of medical independents, including Eclectics, Homœopaths, Botanics, &c. Were these all animated by the proper spirit, and really desirous of overthrowing promptly all medical errors—did they take a proper view of their position and responsibilities, the whole country would be regenerated in ten years beyond a doubt, and medical Hunkerism might be buried in oblivion along with the follies of Galen and Paracelsus!

To prove this let us enquire—What is it that sustains the power and influence of Hunkerism? It is simply the fact that the young men who enter the profession, study with old Hunker preceptors, and are by them taught to reverence the authorities, and believe in the errors of the profession. From those offices they go duly prepared to undergo the influences of the colleges, in which the medical professors impart their own learning, with all the attendant falsehoods and bigotries, exerting, by the influence of their rank and authority, a mesmeric control over the impressible minds of the pupils, who regard them as the oracles of almost infallible wisdom.

But why is it that so large a majority of the students of medicine place themselves under these influences, imbibe their prejudices, and allow their minds to be closed up against all liberal thoughts?

Simply for the reason that a much greater number of old school practitioners are ready and willing to receive students, than can be found among reformers. In other words it is simply because medical reformers do not discharge their duty, and have not seriously reflected upon its importance.

If every independent practitioner in the United States would make it a rule to engage one student per annum, and send him to a liberal medical school, we should have at once a larger number of medical students and medical graduates in the ranks of liberal medicine, than in those of Hunkerism, for there are not at present, and have not been at any time heretofore, as many as five thousand students in attendance upon the lectures of the old school institutions. This course would, in ten years, completely overwhelm the power of the old school party, and ensure its total disorganization and defeat. Many would renounce their profession, others would espouse Eclectic principles; students would avoid old school offices, when they saw the great revolution in progress, as they would a sinking ship—the old Hunker colleges would begin to decline, and the more unsuccessful ones would be closed, and while a few would hold fast to all their prejudices, and fight to the last, the great body of the profession would yield to the force of circumstances, and the spirit of the age.

All these results are clearly within your power *Friends of Reform!* you have but to will it, and you shall yet see, during this generation, the GRAND REVOLUTION achieved. It is necessary only that you make it a rule to invite into the ranks of the profession, every young man whose talents and moral worth are sufficient to fulfil honorably its duties. *Make it a rule always to have one or more meritorious students on hand*, and urge them to go through a most thorough collegiate course of instruction.

At the present time, not one in ten of our Eclectic physicians has done his duty fully in this matter, and the consequence is that Eclecticism is still in its infancy, struggling against powerful opposition, at a time when it might have been triumphant throughout the land, if our friends had all realized the necessity of sustaining the cause, by bringing in able recruits to fill our ranks.

Let us then most earnestly entreat our readers not to delay action any longer in this matter. It is to you, *Eclectic practitioners*, that we must look for triumph or defeat. If you do your duty our tri-

umph will be speedy—if you are dilatory, we shall have a tedious and harassing strife, and you will be continually insulted by haughty assumptions of superiority in your opponents.

We know of Eclectic practitioners who have from six to eight students under their care, and who are thus performing nobly their duty to their country, but alas, we know of too many who never think of this duty—physicians who, perhaps, have applications to take students, or who might have them if they would give any encouragement, but who decline such engagements merely because they do not reflect upon their vast importance to the common cause. To all such we would give a word of admonition—are you willing, now that you have embarked in this great cause, and are enjoying the fruits of the labors of those who have given it an existence, and reputation, are you willing to enjoy its advancing prosperity and reputation, to which others have contributed so largely, without doing your full share of effort in the promotion of the reform? We do not believe that you are. We do not suppose that you desire to be drones in the hive, and leave to others the duties, while you enjoy only the profits. On the contrary, we believe that you have heretofore overlooked this matter, and have rated too humbly the importance of your influence, and the necessity of your exertions to gather in recruits for the vanguard of the army. Remember that the private practitioners are the very pillars of the temple of medical science, and unless they yield an efficient support, it must fall in ruin. Arouse, then to a full sense of your responsibilities—you may have it in your power to inflict immense injury on the great cause, by bringing into its ranks men who will dishonor its name, or on the other hand, you may attract to the cultivation of this noble science, a gifted pupil, who may prove the Haller, the Hunter, or the Sydenham of America. You may leave the great cause to dwindle and perish by neglect, or you may fill its ranks with noble hearted young men, who will regenerate the profession, and accelerate the progress of mankind in knowledge and happiness. Rouse up, then, to your duty, and let your offices be filled at once with the worthy and intelligent young men, who are even now waiting your consent and encouragement, to come forward and regenerate the medical profession. B.

PROGRESS OF ECLECTICISM.—A graduate of the Eclectic Medical Institute, at Janesville, Wisconsin, writes that he and his partner have treated about four thousand cases, with only twenty-five deaths, thus saving more than ninety-nine per cent. of all their patients.

Dr. Childs, of Madison, Indiana, writes as follows :

"Allow me to congratulate you on the prosperity of your Institution, and the triumphant success that is crowning your praiseworthy efforts, in reforming the outrageous abuses of prevailing medical practice. I am exceedingly happy to be able to inform you of the rapid extension of liberal principles in this quarter. Less than two years ago, (when I first came to this place) there were not three families who would for a moment entertain the idea of employing an Eclectic, while now I am in regular attendance on about three hundred, and every day called to more. This is truly an age of progression, and we who are engaged in spreading the sentiments of Eclecticism, can compliment ourselves upon rapid progress. In looking back over the past five years, and beholding what a mighty arm of reformers the little "Spartan band" (that used to assemble in Fourth street hall) has swelled into, I am joyfully amazed."

Eclectic colleges are germinating every where. An Eclectic Medical school is seeking a charter in Louisville, Ky. Who are the leaders in this movement, and whether they are really reformers, or not, we do not know, as we have received no definite information concerning the scheme.

The Herald of Truth, a religious newspaper, (16 pages monthly—one dollar per annum) published at Philadelphia, contains in its first number, just issued, the following paragraph.

ECLECTIC MEDICAL COLLEGE.—The friends of medical reform in this city, have in contemplation the establishment of a college of the above name and character, and the chair of *Anatomy and Physiology* has been given to the Editor.

The editor, we believe, is Dr. J. T. Walsh.

The Central Medical College of Syracuse (Eclectic) has, according to Prof. Potter, "about eighty matriculants." The Faculty design holding a spring and summer session. Mrs. Fowler and Mrs. Gleason, co-operate with the Faculty in teaching females. We hope they will obtain a good number of female students. The medical profession should be open to women, and we presume the New York and Yankee girls are not afraid of its responsibilities.

The Memphis School (Eclectic) has about forty matriculants,

who are said to be a very intelligent, respectable class. Dr. Wilson occupies the Obstetrical chair. He is said to be a good teacher, and an extensive practitioner.

Dr. Mott, President of the N. Y. Academy of Medicine, has recently avowed rather liberal sentiments for an old school professor, and Prof. Dickson, of New York, one of the most distinguished professors in America, avows himself in favor of the Eclectic principle, and says that the profession are "bound to adopt whatever they might find good in Homœopathy or any other new system." The New York Universe, which is our authority for these statements, says that the "Academy of Medicine is virtually defunct."

A Homœopathic Academy of Medicine has been formed in the city of New York, which embodies a new and valuable principle that we have often advocated. The business of giving diplomas is entirely separated from that of teaching, and teachers are left to stand upon their own merits, by a system of free competition. Any one who is competent, may teach as many students as he can get, and those who have been taught, must then seek their diplomas from an independent board of examiners. This is the true democratic principle, which must in time, be adopted, although it may not as yet be practicable in all cases.

The discordant elements of the Ohio Medical College do not hold together very well. Prof. Mussey has resigned his chair. Thus does the lapse of time remove from the field of action the more bigoted opponents of scientific progress. Cooke, Harrison, Mussey and Drake, who have been leaders of conservatism, no longer give it any strength. Their names and influence are passing away like a dream. Younger and more liberal men will occupy their places.

Prof. Kost, of the Botanic Medical School, (recently changed to Physo-Medical) has resigned his chair in that institution. As Prof. K. is regarded as the ablest man in the institution, his withdrawal will in all probability bring about a dissolution of the school. If a re-organization or new movement should take place, in accordance with the views of Dr. Kost, we are inclined to believe it will be beneficial to the great cause of medical reform. B.

FECUNDITY.—Prof. Hill, of the Eclectic Medical Institute, on the 20th of December last, delivered a woman of this city of a male child, weighing fourteen and a half pounds. The child and mother are doing well.

The New York Eclectic Journal says: "The wife of a German, at Rochester, New York, has recently had three sons at one birth. Last year she had three, thus making six sons at two births, and all alive and thriving." B.

SMALL POX.

This disease has prevailed more extensively in this city, and throughout the country during the last two or three months than at any previous period for many years.

Inasmuch as I have been repeatedly solicited by friends from a distance, to give them the course of treatment pursued by Eclectics here, where we have a much more extensive field of practice, than at any other point, I now proceed to give the course which I have pursued, and which has been successful in every case. My treatment does not differ materially from that of other Eclectics, whose success has been almost if not not as entirely as great.

In the early stage of the disease, it is often difficult to distinguish it from an ordinary severe attack of fever, attended, frequently, with strong catarrhal symptoms—with severe head and back ache—nausea and vomiting.

In this stage of the disease I order a thorough emetic of the acetous tincture of Lobelia, (seeds pulverized) Sanguinaria and Ictodes Foetida, &c, prepared with good cider vinegar in proportion of two and a half ounces of each to the quart of vinegar, kept nearly scalding hot, in a tight vessel for four or five days—of this tincture I give doses every ten to fifteen minutes, commencing with one teaspoonful and increasing it one teaspoonful each time up to four; then give four each time until the patient has vomited freely three or four times. It is best to be given in warm catnip tea, quite sweet. After the emetic, if the patient sweats freely, I give him freely of a strong infusion catnip or asclepias, with an equal part of sassafras, (bark of the root) and continue the sweat as long as possible. As soon as the stomach is settled, say in a half or three quarters of an hour, a cathartic is given, composed of equal parts of Beach's *anti-bilious physic* and the *neutralizing physic* given in form of a strong infusion, made by adding about three drachms of each to three-fourths of a pint of boiling water, and sweetened. Of this I give one tablespoonful every hour, until it operates freely. This will generally operate in four or five hours,

and often sooner, but if not in five or six, I give some stronger dose, as Podophyllin or the anti-bilious physic in substance, the Podophyllin in one-fourth grain doses, tinctured with ten times its weight of sugar, repeated every hour or two.

After the cathartic has operated, and during the operation, I give freely of the tea mentioned above, and if he does not sweat freely in two or three hours, he is then bathed or sponged all over in weak ley, and subjected to the vapor of burning alcohol, to produce profuse perspiration. This is done by placing a vessel with alcohol, as a tea cup or saucer, under a wood bottomed chair, seating the patient in it, surrounded, except his head, by a wollen blanket, so as to prevent the escape of the vapor and heat, of the alcohol set on fire. If the heat is too severe, raise the blanket a little. At first let him drink the tea, but as soon as he sweats freely, give him freely of cold water and continue to sweat him for one-half, three quarters, or an hour, or until he feels faint. Then wrap him up in the blanket and put him in bed—let him sweat on moderately by giving the tea until the eruption is out freely, which will sometimes be several days.

When the eruption is freely out, I discontinue the tea, and let him drink all the cold water he wants, and also give him one table spoonful every three hours of the infusion of the *Macrotys Racemosa*, made one ounce to the pint. This is continued from this time on, until the patient is convalescent. I give sweet oil in doses of one or two tablespoonsful every night, or as often as is necessary to move the bowels every day—apply sweet oil to the face and such other parts as suffer much from the pustulation—often bathing him all over with it. Also bath him once a day in warm milk and water.

Let him have mild and unirritating diet, but do not starve him.

In all cases where the eruption has been brought out *early and freely* by the spirit sweat and the sassafras, I have found the patient to do much better than when sweating was not produced.

I look upon the *Macrotys* as a most valuable remedy, in modifying the disease and rendering it much less malignant. It seems to exert a specific influence over it.

I believe it greatly mitigates the violence and danger of the *secondary fever*, for in no case when it was constantly used, have I seen this fever prove troublesome. If this fever should rise high, a pretty free use of cathartics, of the kind used at first, followed by tonic diaphoretics, such as asclepias and chamomile flowers, has soon removed all dangerous symptoms. The practice of making applications of strong medicines to the face to prevent pitting, that is pursued by some old school men, (such as chloride of lime and mercurial ointment,) I look upon as most reprehensible—as I have never known it to succeed in preventing the pitting, while it often produces dangerous, if not fatal effects. A young man died a few

days since in this city on the twentieth day after the eruption appeared, and four or five days after the characteristic symptoms, of small pox had subsided, on whose face the mercurial ointment had been constantly applied to prevent pitting—I believe he died from the effects of the mercury absorbed from the ointment. M.

CONSULTATIONS.

I am constantly being called upon, by letters from practitioners at a distance, describing difficult cases of disease, for advice and directions in their treatment. Being desirous of aiding practitioners as much as possible in their profession, I have in all cases given free and full replies to their applications, as soon as time would permit. These applications have been gradually and steadily increasing in number, as my acquaintance with practitioners has become more extended, so that for the past year, the labor necessarily required to make the proper replies, has become very great, and it has become a great tax upon my time. Not unfrequently do I receive letters of this kind in one day to fully answer which, requires more than another day of time and hard labor. Up to this time I have borne the burden, and performed the task without complaint or compensation. But of late the increase of these applications has been so great as to seriously interrupt my business, in writing replies.

Now, I cannot afford this any longer, and as I am not able to distinguish between the comparative merits of the different applications, I must in justice, answer all or reject all.

But I do not wish to reject any, and cannot afford to answer all for nothing, therefore, I have concluded to say to all who may wish to consult me by letter respecting the treatment of diseases, that their requests shall be fully and promptly complied with as far as is in my power, *provided* a sufficient fee is enclosed to pay me for the necessary time and labor spent in investigating the subject, and writing out my opinion and directions. This fee will be from two to five dollars, according to the importance of the case, and the ability of the patient.

The practitioner should make the *patient* pay the fee. There is no reason why a patient should not be as ready to pay for counsel when put in writing and sent a thousand miles, as when the consulting physician or surgeon is present and gives his advice and directions orally, a much more convenient way for him.

B. L. HILL, M. D.

For the reasons assigned in the foregoing article from Dr. Hill, I would state to the friends who wish to consult me as heretofore, that to ensure replies, a fee must be enclosed.

T. V. MORROW, M. D.

SPRING AND SUMMER SESSION OF THE ECLECTIC MEDICAL INSTITUTE.

The Faculty of the Institute, in compliance with the urgent request of the students now in attendance, as well as of students and practitioners from abroad, have determined, contrary to previous announcement, to hold a *Spring and Summer Session* as heretofore.

The Lectures will commence on the second Monday in March, 1850. The course will be full and complete; from six to seven Lectures being given daily.

FEEs.

For students who have but one course to attend, in order

to graduate,	\$70 00
For all others,	35 00
Matriculation Fee,	3 00

Demonstrator's Ticket, (optional, except to candidates for graduation, who have not previously attended to Dissections,) 5 00

Any student, by the pre-payment of \$100, will be entitled to attend three or more courses of Lectures; or until he is qualified to graduate.

Physicians attending this course, who have been four years engaged in practice, or students who have attended one or more courses of Lectures, in this, or some other Medical College, will be entitled to present themselves for graduation at the close of the session.

Graduates of this and other Medical Institutions, will be admitted to attend by paying the Matriculation Fee.

This course will afford an excellent opportunity for students of other Medical Institutions, who have but one more course to attend, to finish their collegiate studies, and graduate.

Good board can be had for from \$2,25 to \$2,50 per week.

By forming clubs with from four to six persons, (a very common practice among students,) and renting rooms, students may board themselves for from 75 cents to \$1,25 per week.

There will be a trifling additional expense, for anatomical material, to those who attend to dissections.

Those wishing further information relative to the Institute, or course of Lectures, will please address letters, post paid, to the subscriber.

T. V. MORROW, M. D.,

Dean of the Faculty.

T H E

ECLECTIC MEDICAL JOURNAL.

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[No. 2.]

Part 1.---Original Communications.

SMALL POX.

BY PROF. B. L. HILL, M. D.

(The following essay on Small Pox, prepared by Prof. B. L. Hill for our January number, was accidentally mislaid after being handed in. As its suggestions are highly important, we requested him just before the Journal was issued, to re-write his communication. Under the pressure of his engagements, it was briefly and hastily re-written and published. Owing to a mistake of the printer, it was published in an inaccurate manner, without the author's name, or any other explanation. In justice to Dr. H. we now publish the original article, which had been mislaid for a time.—B.)

This disease seems to have prevailed more extensively in our city, as well as in many parts of the country, and in country towns, during the last three months, than at any previous period since the settlement of this country.

Nor has it yet subsided, as there are a large number of cases still in the city, and we are daily receiving letters from various parts of the country, announcing its appearance.

Inasmuch as the course of treatment pursued by the Eclectic practitioners in this city has been almost universally successful, it is due to the readers of the Journal that they should have the benefit of our extensive experience. Having treated a large number

without the loss of any, I propose to give a brief account of the course of treatment relied upon.

Omitting any attempt at a description of the disease, as that is unnecessary, I proceed directly to the *treatment*. If called in the first stage, while the symptoms have the characteristics of a severe attack of bilious or inflammatory fevers, such as full, hard, and frequent pulse; hot, dry skin; thirst; *head and back ache*; nausea or vomiting, with a furred tongue, and entire loss of appetite; I order, 1st, an emetic, of the acetous tincture of Lobelia, Sanguinaria, and Ictodes Foetida, &c., to be given in warm catnip tea, at intervals of 10 or 15 minutes between the doses, beginning with a tea-spoonful put into about a gill of the tea, sweetened, increasing the emetic one tea-spoonful every dose, up to 4 tea-spoonfuls, then giving 4 at a time every 15 or 20 minutes, until the patient has at least four spells of vomiting.

I then let the patient rest from half to one hour. If he sweats freely, which is not often the case, unless he has been two or three days sick, I give him Sassafras, (bark of the root,) and catnip in strong infusion, to drink freely, and thus keep up the perspiration as long as practicable; but if he does not sweat, I leave off the infusion. Whether he sweats or not, I give a cathartic composed of equal parts of the Bilious Physic, and Neutralizing Physic, (Beach's) in doses of three drachms of each, added to one pint of boiling water, steeped for half an hour at nearly a boiling heat, strained and sweetened—one table-spoonful given every hour until it begins to operate. This will operate freely, from four to six times, generally, without greatly debilitating the patient. As soon as the physic begins to operate, I give the tea above directed, as freely as the stomach will bear. I have found the *Sassafras* to exert a most potent influence in bringing out the eruption in small pox, as well as in measles, or scarlatina. Its value for such purposes, I apprehend, is not properly appreciated. By adding the catnip, the infusion is rendered more diaphoretic and anodyne. If the patient sweats freely under this treatment, I continue it, and wait patiently for the eruptions to appear. But if not, the patient is then freely sponged or washed all over in ley, and rubbed thoroughly with a crash towel, and the bare dry hand of the nurse, and immediately after the sponging, he is subjected to the vapor of burning alcohol, by sitting in a wood bottom chair, the feet in a vessel of hot water, with a woolen blanket around the neck, (leaving the head out,) coming down to the floor, so as to confine the heat and vapor around the body, while a tea cup or some other small vessel, containing alcohol, (if it be strong add a little water to prevent its burning too rapidly,) is placed under the chair, and the alcohol set on fire. If it becomes too hot, let the blanket be raised a little.

Let the patient drink freely of the tea at first, but as soon as he

perspires freely, let him drink as freely as he can of cold water. This will keep up his strength, while it aids greatly in determining the fluids to the surface. When he has continued in a free perspiration for half or three quarters of an hour, or until he feels faint, wrap him up in the blanket, and put him in bed. Then continue to give the tea, one or two table-spoonfuls every hour, and discontinue all other treatment until the eruption is fully out on the face, neck, and arms, and begins to appear on the body and lower extremities. At this stage I discontinue the Sassafras and Catnip, and give an infusion of the *Macrotys Racemosa*, one ounce to the pint; in doses of one table-spoonful, warm, every two or three hours, and continue this until the patient is convalescent.

Sweet oil is given in doses of one or two table-spoonfuls every night or every other night, so as to produce at least one evacuation from the bowels every twenty-four or thirty-six hours. If at any time the patient becomes much choked up by collection of mucus or phlegm in the air passages, I give a little of the emetic before described, just enough to cause slight vomiting once or twice. This is not often necessary; but if severe pneumonic symptoms should appear, which some times happens, the emetic may be used freely without danger.

After the eruption is out freely, the patient often suffers much from the swelling and inflammation of the surface. This suffering may be much alleviated by frequently bathing the surface in warm milk and water; also by keeping the surface well lubricated with sweet oil. The face and neck should be kept constantly lubricated in this manner. The most severe cases will frequently escape pitting entirely, by this simple and most grateful application. It is the most successful application for the prevention of pitting that I have ever seen tried. Fine thin silk, lubricated with sweet oil may be spread over the face, and the light excluded as much as possible.

This is the course I have pursued, with perhaps some slight variation in a few instances, with entire success—not having lost one, although I have treated patients of all ages, from a few months old, to old age. It is substantially the practice pursued by all the Eclectics here, and their success has been very great, almost universal.

The *Macrotys Racemosa* seems to exert a specific influence in modifying this disease, and I am confident no one who has fairly tested its virtues, will ever fail to prescribe it. Under its use, the secondary fever, which often carries off the patient, rarely rises so as to attract or be worthy of attention, even in the confluent kind, and after the disease has passed off, the patient seems to recover his strength much more rapidly than under other treatment.

I would here caution the practitioner against the free use that is sometimes made of various articles to prevent pitting, such as chloride of lime, mercurial ointment, &c., I have known some very

serious effects to follow their use, and I have not been able to learn satisfactorily, that either of these articles ever prevented pitting in a severe case, where it was strongly probable that any pitting would have occurred, had nothing been used as preventives. It is much safer to risk the disease than the remedy. Patients treated thus, often die after the small pox has run its course. A heretofore healthy young man died in this city a few days ago, on the twentieth day after the eruptions appeared, six days after it had run its course; mercurial ointment was kept constantly spread over his face to prevent pitting. He doubtless died from the effects of the mercury which had been absorbed from the surface to which it was applied. If called to a case after the eruption has made its appearance, I am cautious about the cathartic, and use only very mild ones, if any, relying mainly upon the sweet oil for evacuating the bowels.

ECLECTICISM IN NORTHERN ILLINOIS.

Dr. T. V. Morrow:

Dear Sir—Believing that you are ever ready to listen to the reports of all medical men, especially those of the Eclectic practice, I take the liberty to trouble you with this brief sketch, and if you deem it worthy of publication, you may herald it to the numerous readers of your Journal; and here let me say, I have been a reader of the Eclectic Journal since its enlargement—and must say that it is a highly valuable medical instructor. It has been a staff and shield to me, located as I am in Northern Illinois, where our resources for gaining a thorough medical knowledge are limited. I would not be deprived of reading it for ten times its cost. It is a great pleasure to hear of the success of the practice in Cincinnati and elsewhere, that I am striving to impress upon the inhabitants of this part of the Republic, and I laugh to see the walls of Hunkerism crumbling to the ground and turning back to its mother dust, to inhabit the mineral kingdom never more to return.

This season has been a peculiar season, and one calculated to draw a line of demarcation between the old and new schools of practice; not that our remedies are more efficient this season, but the class of diseases present a different aspect, the cure of which is more strikingly impressed upon the people, who are anxiously pressing the medical faculty for relief, and are as often forced to return to their places of abode, and there midst all the horrors of a dire calamity wait for death to relieve their sufferings; but thank God, the spirit of Reform has crept in here, and has taken fast hold of the people. The principles as taught by the Eclectic School are being promulgated and the system is becoming very popular; but our

feeble efforts would avail but little were it not for the knowledge and influence that a Beach, a Morrow, and a Buchanan have cast throughout the length and breadth of the land, which stirs up the practitioner, and guides him through his tedious course of practice, and gives the people confidence.

I read medicine under the new school, and have studied the principal works of the old school, and am satisfied that the truth is on our side, and the time will soon come when the people will all be with us. I rejoice that I commenced the practice with a mind unfettered and free to investigate, and a spirit of Reform that prompts me to search all things and hold fast that which is good, and thus by putting on the whole armour of the principles of reform, I am prepared to stand up and face the enemy and successfully combat him. When I commenced practice in this place last Spring and hung out my card representing the platform upon which I stood, many a sneering glance was given, and even my own person as I passed along the streets was scoffed at. Even those that styled themselves scientific M. D's. strove to brow-beat, ridicule and scandalize me, as being some obscure imposter and medical pretender. But mark the change even in the short space of six months' time; these feelings and this spirit have been compelled to hide, and the name of an Eclectic is never ridiculed here now. And what has wrought this change in so short a time? It has not been for the want of energy and diligence on the part of the Allopathics, for they have rallied themselves in fierce array against us, and made use of every means both reasonable and unreasonable; but their strong holds are broken up and themselves put to flight by the healing power and efficacy of the *Vegetable Materia Medica*. And now, to cut short the story, I will mention some of the agents I made use of in my treatment of cholera. My whole reliance was on the tinctures of *Hydrastis Canadensis*, *Xanthoxylon*, *Myrica Cerifera*, *Cypripedium*, *Myrrh*, *Syrup* of *Ginger* and *Capsicum*, of each equal parts, except *Capsicum* which I add in proportion to the strength I wish, at pleasure. Of this compound I give from one to two table-spoonsful every fifteen or thirty minutes, (or if the case is severe I am not particular about the amount given) till my object is accomplished. A few portions of this, with occasionally a portion of the neutralizing mixture would soon stop vomiting; and I frequently give the same compound by Enema or Clyster, to be followed up immediately after each evacuation, which will soon check the cramp, relieve pain, and regulate the bowels. These means together with external applications, Mustard, Capsicum, Brandy, hot bricks, bottles, b'locks, boiled corn, &c., will soon change the course of the disease, produce a determination to the surface, promote perspiration, equalize the circulation, and restore the stomach and bowels to a proper tone.

After this is accomplished, or after the force of the disease is broken up, my treatment is based on general principles, such as regulating the bowels with mild cathartics, (of which I very seldom found it necessary to give anything stronger than Rhubarb, Cream Tartar, &c.,) strengthen the general system with some good tonic, regulate diet, keep the patient quiet, and attend to such other symptoms as the case may present. These means proved successful in every case before collapse, so much so that I almost hold them as specifics in cholera. I frequently made use of the sudorific tincture in small quantities, but do not rely on its use; this is the only form that I have used opium in this disease, and that very seldom, and never given till after the character of the stool is changed and force of the disease checked. Diuretics I use from the start, and pay strict attention to the nervous system. Under this treatment my patients convalesce remarkably fast, whilst those treated by the Allopaths with Opium, Morphia, Calomel, &c., die with perfect facility.

This country is undergoing a revolution. The people have become tired of the deadly effects of quackery. W. P. T.

Nov. 13, 1849.

WOUND OF THE LEG.

Messrs. Editors:

The following case is one of great importance, and one of peculiar interest to the medical fraternity, as it is one of those affections for which no efficient treatment has been heretofore adopted or recommended by the regular faculty, or any other faculty, save the Eclectics, that can be relied upon, for a permanent cure in this affection, and as it had been treated by several eminent physicians and surgeons all to no effect, and then pronounced incurable, without amputation, we might have considered that the ultimatum of medical science had been attained.

The subject was a young man about eighteen years of age. Four year ago he run a snag into his left leg just above the external malleolus. The snag struck the tibia, and followed the bone some two or three inches, severing the muscles from the bone, without lacerating the integuments, except where it entered near the external malleolus, and there made but a small incision, but wounded the periosteum of the tibia for two or three inches, making a very ugly sore. When I first saw the patient, which was about the first of October, his leg was very much swollen, and the swelling extended from the malleolus to the condyles of the tibia, and the leg was black and hard as a bone, from the patella to the tarsus; the veins were swollen and varicose. I commenced my treatment by giving

a Hydr. Cathartic once a week for two or three weeks, bandaged the leg from the toes to the patella, or as far as the swelling extended, applied bitter herb fomentations twice a day, and bathed the leg with the tinctures of *Phytolacca Decandra*, *Lobelia Inflata*, *Impatiens Palida*, *Hydrastis Canadensis*, and *Capsicum*, twice a day, but washed the limb as far as the sore extended, with mild soap suds, before bathing with the above compound, and at night applied a poultice made of *Ulmus Fulva*, *Lobelia Inflata* herb, *Nymphaea Odorata*, and *Asclepias Tuberosa*, and kept up this treatment for two weeks. I then took the caustic Potash, and made four eschars as large as a half dollar, on different parts of the leg, and kept the eschars open, and kept up a running sore for six or eight weeks. By this time the swelling had all subsided, and healthy granulations began to form around the eschars. I continued the above applications all the time, such as fomenting, bathing, and washing, and gave the alterative Syrup, and also gave white sugar, sulphur, and cream tartar, $\bar{a} \bar{a}$, equal parts at bed time, kept the eschars washed with a solution of vegetable caustic for two months, and then healed the sores with the black salve, and bathed the limb with the above named composition.

I saw the patient a few days since, the sores are all healed up, the swelling all gone—veins all natural; the limb feels soft, and the patient says he feels no pain or soreness in it, and can work and use his leg as well as he could before the accident happened.

N. B. I have been practicing in this place since the first of July last, and have treated near three hundred patients, with the loss of but one single patient, which was a small child about fourteen months old, who had the flux for eight days before I was called to it. It died in four hours after I first saw it.

The Eclectic system takes pretty well in this place.

Yours,

J. F. HANCE, M. D.

Fletcher, Miami Co., Ohio, Jan. 1, 1850.

DYSPEPSIA.

Editors Eclectic Medical Journal:

GENTLEMEN: I forward the following laconic report for insertion in your very interesting, instructive, and valuable Journal.

The signal success of Eclecticism is strikingly exhibited in the following case:

On the 20th of July, 1849, I was requested to visit Jonathan Wilson, a resident of Warren County, Ky., aged 66 years, who had been afflicted with dyspepsia 15 years.

About three years ago his disease assumed a decidedly aggravated character. He forthwith sent for Dr. T. G. Jones, an old school physician of this county, who became his medical attendant twelve

months. At the end of that time, the patient growing no better, but rather worse, discarded Jones, and obtained the medical skill of Dr. S. A. W., an intelligent, courteous, and experienced old school physician, who treated the case two years without any material benefit to the patient.

Wilson now resolved on forsaking the old school system of practice, and accordingly sent for me in order to test the merits of Reform. I accordingly went, and found his condition truly unenviable. His body was emaciated almost to a perfect skeleton, skin constricted and of necessity dry, with flatulency, distention, and frequent excruciating colic pains. His strength had failed, and the epigastric tenderness and distress were severe and constant. Diarrhœa had constantly attended him for three years, having from five to ten stools every twenty-four hours; and his food frequently passed off imperfectly digested. All the relief he obtained during the last three years was a cessation of the bowel complaint *one whole day and night*, which happened under Dr. W's. administration. Jones never checked the bowels even that long, much less the disease; though it is highly probable that if he had been permitted to tamper with the patient twelve months longer, he would have effectually quieted both bowels and body.

TREATMENT.—In the course of medication which I adopted, there is nothing novel to Reformers.

The neutralizing cordial thoroughly checked all tendency to acridity and acidity in the primæ viæ, and as a matter in course, the diarrhœa also.

One anti-dyspeptic pill every night at bedtime cleansed the stomach, and in conjunction with the restorative bitters, imparted a healthy energy to that organ and the whole system; while the alkaline wash each night relieved the constricted surface of the skin. Thus, the cordial, pills, bitters and wash accomplished in about four weeks, what two physicians could not in three years—a complete cure. The patient's appetite is good, and he has increased in flesh about twenty-five or thirty pounds.

I will close by offering you my unfeigned love, tender regard, and sincere desire for your prosperity, and the advancement of Eclecticism, which must, ere long, inevitably triumph.

JESSE H. SMITH.

Bowling Green, Ky.

SCARLATINA, RICKETS, &c.

Messrs. Editors:

I have read the Journal the past year with much interest and profit; and being willing to contribute my mite to its pages, the following short statement of my treatment of the diseases mentioned, if you consider it worthy of publication, is at your service.

In practice I am independent, and fettered by no *one* authority. I have Allopathic, Eclectic, Hydropathic, Homœopathic, and Thomsonian works; and I employ that medicine or course of treatment which I think best calculated to subdue disease, whether recommended by Eberle, Hahnemann, Beach, or any one else. In short "*Eclecticism*" is my motto. In the treatment of the diseases mentioned below, I have pursued the treatment given with good success.

1st, *For Rickets*. This disease I have never failed of curing in a very short time, with the following prescription, viz :

R Apocynum Can.	2 parts.
Zingiber, Off.	1 part.

Mix. Pour a tea-cupful of boiling water over a tea-spoonful, and sweeten well with loaf sugar. *Dose*, a table-spoonful three or four times a day, or sufficient to loosen the bowels. The surface of the body should be washed with cold water, and then rubbed with the best French brandy every morning.

2d, *For Scarlatina*. When the symptoms denote an accumulation of morbid matter in the stomach, I use the following :

R Tinct. Bals. Tolutanum,	2 parts.
“ Lob. Inflata,	1 “
“ Sang. Can.	1 “
“ Liquorice,	1 “
Opii	$\frac{1}{2}$ “
Mel.	3 “

Mix. *Dose*, sufficient to vomit. This is a good expectorant, and its use may be continued, in doses of fifteen or twenty drops, as often as necessary to prevent an accumulation of phlegm in the trachea.

To promote diaphoresis, I use a strong decoction of Melissa Grand. and Asclep. Tuber. When there is soreness or swelling of the throat or face, I use an ointment composed of fresh butter submitted to heat, till it becomes an oil,

Oil Origanum	4 lbs.
“ Rosemary,	8 oz.
	2 “

This will remove the inflammation. As a gargle, I use a solution of Muriate of Ammonia, or a decoction of Statice Carol. Hydras. Can., or Ger. Mac., sweetened with honey.

3d, In cases where a sialagogue is indicated, I use a preparation of,

Actea Alba,	1 part.
Asclep. Tub.	1 “
Ipecac,	1 “
Carb. Soda	1 “
Nit. Potas	$\frac{1}{2}$ “
Lob. Inflata,	$\frac{1}{2}$ “

Pulverize very fine, mix ; and triturate *till well incorporated*.
Dose: 2 grains every one or two hours, until a copious flow of saliva is produced.

This may be accomplished in six or eight hours, by giving as much as the patient can bear without vomiting, every half hour. By giving it dry, more will be retained in the mouth, and the action of the glands will be sooner excited. In using this, I have often been charged with giving calomel, as it produced a soreness of the gums. Washing the mouth with cream or milk will cure the soreness, and of course, remove the impression that calomel has been taken.

GEO. ELLIS.

Springfield, Pa., Jan. 25th, 1850.

MERCURIAL SALIVATION.

Extract from a letter of Dr. J. Bender, of Alleghany City, Pa.:

"This is only one case out of a number which came under my care. I recollect it very distinctly, although it has been some eight years since, for it was the second case I ever saw of the kind, and there was considerable excitement about the patient's recovery. I would have given anything at the time for a certain remedy, and of course I ransacked all my authors, but all to no effect. None of them could tell me what to do, so I cast them aside, and concluded to adopt my own mode of treatment, and as luck favored me, the remedies which I applied checked the effect of the mercury much sooner than I expected they would. I have used the same ever since in all cases of Ptyalism, or salivation, and they always operated with equal success.

Mr. L. Throop's daughter, aged four years, a perfect picture of health, had an attack of Inflammation of the lungs, and was treated by Dr. Cadmon, of the same place, (Adrian, Michigan,) who bled her several times, and blistered her all over the breast and side, and gave some forty doses of *calomel*, with a few other articles, such as squills, antimony, carbonate of ammonia, opium, &c., and finally gave her up to *die*, (with quick consumption as he called it*) all in the short space of four weeks, at which time he said she could not live forty-eight hours longer. Her parents were not satisfied to lose their child without trying further, and finally sent for me, when I examined her, and found the symptoms as follows: She was reduced to a mere skeleton, with a slow mercurial fever, dry cough, *breath very offensive*, tongue coated *dark brown* in the centre, and tip and edges *red*, gums black and much swollen, and a dark spot on the outside of the cheek, as large as a dime, which increased to the size of a half dollar, before I got it checked. Three of the double teeth, and part of the jaw bone came out, and

*I will admit that it was quick consumption, (or that she was consuming very fast,) but it was the effect of *calomel* and the *lancet* and nothing else.

when the soft parts sloughed off, it left a large hole, with nearly all of the cheek gone. The bowels were constipated, skin dry and hot, pulse from 100 to 125 in a minute, with restlessness, and a constant thirst. Treatment.

R. Ol. Terebinth,	3ss.
Ol. Sassafras,	3ij,
Tr. Myrrh,	3i,
Tr. Opii,	3ii.

All well shook up, and applied on the outside, by wetting cotton as often as it dried in, and applied to the inside of the mouth, diluted with a strong decoction of the inner bark of the root of Sumach, until the effect of the mercury was checked, after which I applied slippery elm poultice, until the soft parts sloughed off, and then I used the black healing plaster, until it was well. My internal remedies were as follows: I gave senna and manna in decoction, with sulphur, until it operated well as a cathartic, which discharged a large quantity of black fecal matter, very offensive, which continued for several days before it became anything like natural stools. Then I gave diaphoretic powders until the fever ceased, after which I gave mild tonics and sulphur, to keep the bowels open.

When I saw her last, some two years since, she had enjoyed good health, with the exception, that whenever she took cold her gums would become sore, and that she had a deformed face, which she will carry to her grave.

I can recommend the above course of treatment without the least hesitation, for I have used the same ever since, and I never knew it to fail where it had a thorough trial."

ECLECTIC PRACTICE.

WILLIAMSPORT, Pike Co., O., Dec. 17, 1849.

Prof. T. V. Morrow:

When I returned home last spring from your able lectures, to spend the summer in perusing my notes and books, I found my preceptor unable to ride, so in the place of reading theories, I went to practicing. Since that time I have treated upwards of three hundred cases of disease, and many that were thought to be incurable. Among the incurable (so called) diseases, I have treated four cases of cancer, and one of rattlesnake bite. On the last of June I was called to see Amos Howard's child, that had been bitten by a rattlesnake some five hours before. When I got there, her leg was very much swollen. She was bitten on the fibular side of the right ankle; the foot and ankle were so distended that it appeared it would burst; it was of a purplish blue color, dry and husky. The child was in great pain, with some little nausea at the stomach. I well remembered hearing Prof. Hill speak of the Philadelphia M. D.'s letting one of their faculty die, after that

monster had stuck his fang into his flesh. I thought of the Doctor's treatment. I first scarified and cupped; then I directed a poultice of plantain and catnip, and to give a tea of the same, with the addition of *broken* doses of Lobelia and Sanguinaria, (my preceptor has cured several cases that were given up to die, with the Sanguinaria.) The family were much alarmed, but I told them not to be scared, I would cure her. In three days she was up, in six days was well.

I cured a lady in Circleville, of cancer, who had it cut first out of her breast, and in place of one, three returned, one under the arm, and two in the breast. They were taken out by a Reformer, with caustic, but he gave no constitutional treatment, and within three months after he left, four returned, three in the breast, and one under the arm.

I commenced the treatment with but little faith, but knowing there was great efficacy in the Eclectic system, I followed it up as you taught me to do, and succeeded. It has been some four months since I extracted the last one; no symptoms of any return exist. She thinks she is cured for the first time. I have had some 50 cases of Diarrhœa and Dysentery. Out of these I lost one patient; and about the same number of cases of intermittents with entire success. I will not give all the cases here; suffice to say, I have lost but this one case myself. I attended a young man that died through neglect, but he was under the treatment of Dr. Griswold, an Allopathist, when he died.

G. W. HURST.

CHOLERA REMEDY.

Dr. BENEDICT, of Bloomington, Indiana, writes as follows:

"I see much said in the Journal on cholera medicines, but there is a superior remedy for diarrhœa, growing in the length and breadth of the land, of which I see no mention. That is Redbud. My cholera mixture, which has won for itself an unparalleled fame, was thus formed: Redbud root, four bushels, or of the *bark* of the root one bushel; Dewberry root, half a bushel; Cranesbill, (*Geranium Mac.*) one peck; Witch hazel leaves one bushel—boil till all the strength is extracted; strain, and boil down to three gallons—add one gallon best sugar house molasses, one gallon best brandy, and one gallon No. 6, (Thomsonian.) Of this mixture I have sold, since July 7th, upwards of sixteen gallons, nor has it failed to put a final check to diarrhœa, flux, and summer complaints. This compound possesses one advantage over every other I have ever used, and I have used *some*. It leaves the bowels in a healthy state, the succeeding discharge *always* being of a healthy character. Of this I could get hundreds of certificates, among which is Elder J. M. Mathes, Editor of Christian Record, and Tribune and Farmer. Dose from a table-spoonful to two ounces, according to the urgency of the case."

Part 2.---Miscellaneous Selections.

SIMPSON ON ANESTHESIA.

Anesthesia, or the Employment of Chloroform and Ether in Surgery, Midwifery, etc. etc. By J. T. SIMPSON, M. D., F. R. S., E. Prof. Midwifery in the University of Edinburg, Physician Accoucheur to the Queen in Scotland, &c. &c. 1 vol. 8vo. pp. 248. Philadelphia, Lindsay and Blakiston, 1849.

More than two years ago, Dr. Forbes, in a very able article in the *British and Foreign Review*, wrote as follows—and every operator who uses these agents confirms his account—

For the purpose of obtaining information on all the points of this most interesting subject, we personally questioned all the patients in the London hospitals, who at the period of our visits, still remained in the wards after the ether operations. They were in all *fifty-four*, and the great majority had been the subjects of capital operations. They were unanimous in their expressions of delight and gratitude, at having been relieved from their diseases without suffering. In listening to their reports it was not always easy to remain unmoved under the influence of the conceptions thereby communicated, of the astonishing contrast between the actual physical condition of the mangled body in its apparent tortures on the operating table of a crowded theatre, and the really happy mental state of the patient at the time. The old story of the magician in the *Arabian Tales* seemed more than realized before us, the ether being like the tub of water, one moment's dip of the head into which, produced a life-long vision in the dreamer's mind.

But, furthermore: it is asserted that not only does the use of anesthetics abolish the pain attendant on surgical operations, which, we repeat, is no "trivial matter," but that it conduces largely to the restoration of the patient, and gives him a better chance of ultimate recovery. The proof of this is two-fold. First, the authority of a multitude of intelligent, experienced and candid observers concurring in the assertion, that after severe operations, the constitutional disturbance is less and convalescence more rapid in patients who have been etherized, than in those who have not: and second, statistics of a sufficient number of cases to render this view of the case extremely *probable*, though, of course, not absolutely certain.

Chapter V. of the work now under notice, is headed "Value and Necessity of the Numerical Method of Investigation as applied to Surgery"—and chapter VI. contains some interesting statistics in regard to etherization. We wish we could transfer both of them in full to our pages—we are sure they would amply repay perusal; but we must content ourselves with the concluding pages of the latter:

No. VI.—Table of the Mortality of 618 Amputations of the Thigh, Leg and arm, without Etherization, performed during the last few years in 30 British Hospitals.

Seat of Amputation.	PRIMARY.			SECONDARY.		
	No. of Cases.	No. of Deaths.	Per-centage of Deaths.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Thigh,	73	45	63	211	62	29
Leg,	80	26	32	135	28	17
Arm,	77	17	22	42	10	24
TOTAL,	230	88	38	388	95	24

No. VII.—Table of the Mortality of 302 Amputations of the Thigh, Leg, and arm, under Etherization.

Seat of Amputation	PRIMARY.			SECONDARY.		
	No. of Cases	No. of Deaths	Per-centage of Deaths	No. of Cases	No. of Deaths	Per centage of Deaths
Thigh,	24	12	50	121	25	20
Leg,	32	9	28	81	13	16
Arm,	17	4	23	27	8	29
TOTAL,	73	25	34	229	46	20

I shall now proceed to contrast these results with the results of the same operations in the same class of hospitals, and when performed upon patients not in an etherized state.

Before doing so, however, let me observe in passing, that the data I have adduced in Tables No. I. and V., (pp. 72, 76) have been objected to, on the ground that they are collected from too many different hospitals, and too many different sources. But, on the contrary, I believe all our highest statistical authorities will hold that this very circumstance renders them more, instead of less trustworthy. Professor Chomel of Paris, after pointing out the first requisite for a successful statistical comparison of therapeutic or other results—viz: a sufficient similarity between the number of collated cases—adds, as the second condition, “that the data be numerous, collected at different times, in different places, and, if possible, by several observers. It is easily seen (he adds) that the results of a number of facts too limited, collected in a short space of time, in a single place, and by a single observer, however exact as regards that individual series of data, may yet be very different from, or even the reverse of conclusions drawn from a larger series, and one collected under various circumstances.”

COMPARISON OF THE MORTALITY FOLLOWING THE LARGER AMPUTATIONS OF THE LIMBS, 1. WITHOUT, AND 2. WITH ETHERIZATION

The major amputations of the limbs, including those of the thigh, leg, and arm, are generally fatal in hospital practice in the proportion of about one in every two or three operated upon. In the Parisian hospitals, the fatality according to Malgaigne, amounts to upwards of one in two. In Glasgow, it is two and a half. In British hospitals, I found that under these amputations one in three and a half died. The same operations, performed in the same hospitals, and upon the same class of patients, in an anæsthetic state, present a mortality of 23 in 100, or 1 in 4, only. The following table shows the amount of the individual cases, and the percentage of death in the different collections, with the corresponding proportion of deaths in those operated on in an etherized state.

No. VIII.—*Table of the Mortality of Amputations of the Thigh, Leg, and Arm.*

Reporter.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Parisian Hospitals—Malgaigne	484	273	57 in 100
Glasgow Hospital—Lawrie	242	97	40 in 100
General Collection—Phillips	1369	487	35 in 100
British Hospitals—Simpson	618	183	29 in 100
Upon Patients in an Etherized State.	302	71	23 in 100

The evidence which the preceeding table affords in favor of the greater safety of amputation with ether than without it, is sufficiently strong and striking. While 24 in 100 died under the amputations named, when the operations were performed upon patients in an anesthetic state, 29 in every 100 died under the same amputations in the same hospitals when the patients were not etherized;—in the Glasgow hospital as many as 40 in a hundred died—and in Paris, as many as 57 per cent. In other words, out of every 100 persons submitted to amputations of the thigh, leg, or arm, the lives of 6 were, by the employment of etherization, saved above the average number of the same operations in British hospitals;—17 lives in each 100 were saved, if we take the Glasgow returns as a standard of comparison; the average mortality was, under ether less by 34 in every 100 cases than that which was found by Malgaigne to accompany the same operations in the Parisian hospitals.

But probably, to most minds, this comparison would be rendered more clear and simple, if we took not a class of operations, but a single operation as a standard and medium of comparison. For this purpose, let us select amputation of the thigh as the *individual* operation regarding which we possess the largest series of observations.

COMPARISON OF THE MORTALITY FOLLOWING AMPUTATIONS OF THE THIGH, 1. WITHOUT, AND 2. WITH ETHERIZATION.

There are few or none of the operations deemed justifiable in surgery, that are more fearfully fatal in their results than amputation of the thigh. "The stern evidence, (says Mr. Syme,) of hospital statistics, shows that the average frequency of death, is not less than from 60 to 70 per cent;" or above one in every two operated on die. Out of 987 cases of amputation of the thigh collated by Mr. Phillips, 435 proved fatal; or 44 in every 100 were lost. "On referring, (observes Mr. Curling,) to a table of amputations in the hospitals of London, performed from 1837 to 1843, collected with care by a private society to which I have the honor of belonging, (the Medical Society of Observations,) I find 134 cases of amputation of the thigh and leg, of which 55 were fatal, giving a mortality of 41 per cent." Out of 201 amputations of the thigh, performed in the Parisian hospitals, and reported by Malgaigne, 126 ended fatally. In the Edinburgh Infirmary, 21 died out of 43. Dr. Lawrie found the mortality attendant upon this operation in the Glasgow hospital to amount to 46 deaths in 127 cases. In the collection of cases from 30 different British hospitals which I have published in table No. V. (p. 76,) 284 cases of amputation of the thigh are reported; 107 out of these 284 operations proved fatal. On the contrary, I have collated 145 cases in which the same operation has been performed during the past

year in British hospitals, upon patients in an etherized state. Out of these 145 cases of amputation of the thigh, only 37 proved fatal. Or, in other words, the fatality was not greater than one in every four operated on when the patients were previously etherized. The following table presents these results in a more clear form:—

No. IX.—*Table of the Mortality of Amputations of the Thigh.*

Reporter.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Parisian Hospitals—Malgaigne	201	126	62 in 100
Edinburgh Hospital—Peacock	43	21	49 in 100
General Collection—Phillips	987	435	44 in 100
Glasgow Hospital—Lawrie	127	46	36 in 100
British Hospitals—Simpson	284	107	38 in 100
<i>Upon Patients in an Etherized State.</i>	145	37	25 in 100

The preceding figures speak in a language much more emphatic than any mere words that I could employ in favor of anesthesia, not only as a means of preserving surgical patients from pain, but as a means also of preserving them from death. Between even the lowest mortality in the table without ether, 36 in 100, and the rate of mortality with it, 25 in 100, there is the difference of 11 per cent. That is to say, according to this standard, out of every 100 patients submitted to amputation of the thigh without anesthesia, 11 more would die from the operation than if the same 100 patients were submitted to the same operation in a state of anesthesia. And if the condition of anesthesia effects thus a saving of 11 lives in every 100 amputations of the thigh;—then out of every 1000 such operations, the lives of 110 patients would be preserved by the use of anti-pathic means.

If we compare these results with the standard of Mr. Phillips, the contrast is still more startling. Out of 987 amputations of the thigh collected by him, 435 proved fatal; or 44 in 100. Out 145 amputations of the thigh under anesthesia, 37 proved fatal, or 25 in 100.—According to this comparison, the amount of persons saved from death in amputation of the thigh by the patients' being rendered anesthetic during the operation, amounts to 19 lives in every 100 operations performed."

A little more than two years ago, Dr. Simpson, Professor of Midwifery in the University of Edinburgh, determined to use, on the first suitable occasion, the vapor of sulphuric ether, in order to try if the same favorable results might not be obtained for the relief of this form of suffering.

The first case in which it was tried, was one in which there

was much deformity of the pelvis. Now as the capability of ether to abolish sensibility had been fully proved, and its alleged danger to life disproved, the only question of any practical importance was, would it arrest the contractions of the uterus as well as the sufferings that arise from them? As version would here be required at any rate, it mattered little, so far as this case was concerned, whether it did or not; and therefore it was deemed a most suitable one for the experiment—which was accordingly made, with the most perfect and encouraging success. But little time was allowed to elapse between the moment of rendering the patient unconscious and the completion of the delivery; but during that time the uterine contractions were strong and energetic.

"On questioning the patient after her delivery, she declared that she was quite unconscious of pain during the whole period of the turning and extracting of the infant, or indeed from the first minute or two after she commenced to breathe the ether. The inhalation was discontinued towards the latter part of the operation, and her first recollections on awaking were "hearing," but not "feeling," the head of the infant "jerk" from her (to use her own expressions,) and subsequently she became more roused by the noise caused by the preparation of a bath for the child. She quickly regained full consciousness, and talked with gratitude and wonderment of her delivery, and her insensibility to the pains of it. Next day I found her well in all respects. I looked in upon her on the 24th (the fifth day after delivery,) and was astonished to find her up and dressed, and she informed me that on the previous day she had walked out of her room to visit her mother. Mr. Figg informs me that her further convalescence has been uninterruptedly good and rapid."

Since this case was published, a day or two after, ether and chloroform (the *anesthetic* powers of which were discovered by Dr. Simpson, in his search after some more pleasant and agreeable agent than ether) have been used in an immense number of cases; and *uniformly*, so far as we have been able to learn, with the happiest results. Can as much be said for any other medicine?

The distinguished professor has used it with "*unvarying success*:" and be it remembered, he administers it in *all* cases of labor, whether natural or preternatural. Drs. Duncan and Norris, house-surgeons to Maternity Hospital, Edinburgh, say:

"On the whole, the results of anesthetic midwifery, as observed by us in the hospital, have been perfectly satisfactory; and we can confidently state that the recoveries have been altogether more perfect and speedy than before. This has been remarked in so great a proportion of the cases, that there can be no doubt whatever of the truth of the observation. Besides the increased rapidity of recovery, we have noticed the almost entire absence of those uncomfortable feelings of fatigue, languor, and shivering, and of that

shattered feeling which so frequently comes upon the mother immediately after an ordinary delivery. Instead of this, we have found the mother almost invariably awake from the anesthetic sleep comparatively fresh, easy, and cheerful. Not unfrequently the anesthetic has been found to change, without an intermission, into a natural sleep, which may continue for an hour or two.

Further, there have been, since the introduction of chloroform into the practice of the hospital, far fewer than formerly of those violent attacks of rigors, ephemeral fevers or weeds, and abdominal pains, which are so common in most crowded hospitals, forming a class of cases which used formerly to cause much anxiety, and was a common cause of the mother's being detained in the hospital after the usual fortnight allowed for recovery. In fact, since using chloroform, there have been scarcely any women detained in the house by these causes, and much less Dover's powder, calomel and opium, abdominal fomentations, &c., have been used.

The women have been, invariably, found deeply grateful for the relief to their sufferings afforded by the anesthetic influence of chloroform.

Dr. Keith says:

"I have employed chloroform in every case of labor under my care, since its introduction, with one exception; and also in almost every case to which I have been called in by other practitioners. * * * I can state most positively that I have seen no serious symptoms, which could be traced to the chloroform, in any one case, either in affecting the mother or child. Most of the mothers have made uncommonly good recoveries. Those who have had children previously, have, almost without exception, stated to me, that they felt very decidedly stronger after delivery than on former occasions. In two cases the recovery was rather slow, but this was owing to the patient's being in a very delicate state during pregnancy—and, in both instances, I considered the chloroform was of great service, by saving their strength. In none of these cases was the child still-born.

Says Dr. Moir, of Edinburgh:

"Since the beginning of December, I have, with a very few exceptions, used chloroform in the course of my midwifery practice, and I have not met with a single case where any unpleasant effects, either of the mother or child can be traced to its use.

Hear Dr. Malcolm:

"Since November last I have employed chloroform in above thirty cases of labor, and with the most satisfactory and delightful results. A majority of these were first labors. I have kept my patients under it for periods varying from a half an hour to six hours,

and have never found the slightest unpleasant effects to result from its use. All the children have been born alive, and are at this moment in perfect health, with the exception of one that died when about a month old, of a sudden and severe attack of dysentery. All the mothers have made recoveries with rapidity and completeness, far above the average which I had previously observed in my practice. This has struck me as the more remarkable, seeing a large proportion of my patients were primiparous; and I can only attribute this result to the entire absence of suffering and shock to the nervous system which is effected by the use of chloroform.

Dr. Burns of Edinburgh says:

"I regret that I cannot give you the number of cases of labor in which I have exhibited the chloroform, but I may state that I have given it repeatedly, and have not seen any bad consequences either to the mother or child result from its use.

All the mothers have made rapid recoveries, and the children did not appear to suffer from its use.

I have given the chloroform in three or four cases of adherent placenta where the uterus was firmly contracted—and had far less difficulty in extracting it than I have experienced in similar cases where the chloroform was not exhibited.

Dr. Purdie speaks in this fashion:

"I have now used chloroform in seventeen cases, which I have noted and in every instance with decided effect, not merely by lessening suffering, but I am perfectly convinced, by the most careful observation, by shortening the duration of labor. The pains have never in my experience been interfered with, except in rendering them quicker, and far more effectual.

And then Dr. Cumming.

"I am quite satisfied that, if properly given, it acts as a calmative; and I believe, from what has passed under my observation, that very many of what are called exceptional cases are not so in reality, but appear to be such from error in the mode of administration, and that further experience will amply demonstrate the truth of this.

In short, I am, unfortunately for the appearance of veracity, compelled to say, that all my cases hitherto have been so successful, the recoveries so uniformly good, and the satisfaction on the part of the patient (and I may add also my own) so great, that I am rapidly approaching to, if indeed I have not already arrived at the conviction, that, *if there is any sin connected with chloroform, it is chargeable to those who refuse to administer it.*

I may add, that not one of those patients who have already inhaled it will ever be denied it in any subsequent pregnancy, as they have repeatedly assured me; and certainly I shall not attempt to keep it from them, and that not more for their sake than my own.

Dr. Grigor of Nairn uses this strong language :

"Dr Allan of Forres and myself would as soon think of going to an obstetric case without our chloroform phial, as we would of going to bleed a patient without a lancet. In this quarter, doctors are only called in when things are going wrong, or in extreme cases ; so that, since your grand discovery, he and I have only used it in about twenty-four cases, in all which it came up to all you have written about it,—no still-born children—mothers recovering well—fewer after-pains, &c. &c. One of my cases was a first child, the mother nearly forty-eight years of age, weakly in constitution, and of small formation. Had it not been for the chloroform, I do think she would have sunk.

Dr. Protheroe Smith says :

"I have records in my own practice and that of my friends of upwards of one hundred and twenty-five cases of anesthetic labor ; and with one exception all have done well. In several thus treated, no hemorrhage has ensued, though in previous labors there was flooding. In nearly all, the getting up has been more speedy, requiring no aid of opiates and purgatives ; and it is my sincere conviction that chloroform lessens the chance of puerperal inflammation and fever."

And so say hundreds and thousands of others—men equally capable in observing and candid in reporting—upon whose judgment, accuracy and sincerity, implicit reliance may be placed. In the New World, as well as the Old, witnesses,—not so numerous as yet, but equally clear, decisive, and united in their testimony—have arisen. Some of these, like Dr. Simpson, use it in every case,—others, mainly in the more difficult and protracted labors, or where manual or instrumental assistance is required. Dr. Miller, the much and justly esteemed Professor of Obstetrics in our city University, has repeatedly used it in these latter circumstances, and always with the happiest results. Nay, so overwhelming now is the testimony in favor of the superinduction of anesthesia in many, if not in all the cases of labor, that the "Committee of Obstetrics," in their late report to the National Convention, actually proposed the question, in all their seriousness, "*Can anesthetics be rightfully withheld in Midwifery ?*"

The grounds of objection are numerous—medical, moral, social and religious. Our limits will not allow us to answer these at length, or even to glance at them. We must refer our readers to this collection of Dr. Simpson's essays on this interesting topic, for a complete refutation of everything which has thus far been, urged against this practice.—*West. Jour. Med.*

CHLOROFORM.

The discussion relative to chloroform, in the French Academy of Medicine has closed, and its results may be summed up in the following general conclusions :

"1. Chloroform is a powerful poisonous agent, which ought not to be used except by experienced persons.

"2. It is, both by its odor and action, an irritant of the bronchial membrane, and therefore requires to be used with great caution when there is any affection of the heart or lungs.

"3. Chloroform possesses a peculiar poisonous effect, which, if prolonged beyond a certain period, is capable of destroying life.

"4. More danger accrues from certain modes of exhibiting this agent than from the agent itself.

"5. This dangerous effect may be avoided by the following precautions: 1, to use pure chloroform, and in moderate doses; 2, to explore the condition of the thoracic organs previously to its exhibition; 3, to take care that a sufficient quantity of atmospheric air is respired with the chloroform; 4, to suspend the inhalation as soon as the patient becomes motionless; 5, not to exhibit it until digestion is completed."—*Prov. Med. and Surg. Jour.* May 2d, 1849.

CHLOROFORM AND ITS EFFECTS.—M. Robert read, at a late meeting of the French Academy of Medicine, a paper on chloroform and its effects, which gave rise to a rather warm debate. The Paris correspondent of the Medical Times writes :

"Several fatal cases from the employment of chloroform have recently occurred here, and many others have reached us from foreign countries. It is also undeniable that we cannot tell beforehand what the effect of the application on the individual may be. As a few grains of calomel or opium will salivate or narcotize certain individuals, so a small dose of chloroform occasionally serves to develop fatal accidents in certain constitutions. Setting out from these premises, M. Robert asks, 'Are there any premonitory symptoms which may serve as a guide, and warn us not to proceed any further with the administration of the remedy?' He has remarked, as indeed every other physician must have done, that, in many cases, the early symptoms of etherization are accompanied by excessive agitation, precipitous respiration, and disturbance of the motor function, nearly amounting to convulsions. In 120 cases where he had employed chloroform, he had met with three cases of this kind, and it was on this point that he wished to fix the attention of the Academy. The symptoms did not seem to depend on the dose of the chloroform, but on the individuality of the patient. Hence, M. Robert concludes that, when such symptoms ap-

pear, they are a warning to the medical man not to proceed any further.

"M. Velpeau, who descended from the presidential chair to answer M. Robert, made a long discourse in favor of chloroform; but I confess myself unable to guess the conclusion at which he desired to arrive. He did not deny that the use of chloroform was occasionally dangerous; but, on the other hand, he refused to admit, as proved, that *any* of the deaths mentioned were really occasioned by that substance. In one of the cases, death was instantaneous; and it was impossible to believe that the remedy had proved fatal, before it was respired. In fact, MM. Velpeau and Roux seemed to argue that chloroform could never be fatal, because it had never produced fatal consequences in their hands. M. Roux likewise adverted to the mode of administering chloroform which is often employed, but which he denounced as faulty in the extreme. It is absolutely necessary to have an apparatus with which the air may penetrate to the lungs at the same time as the vapor. If this be attended to, he had not much apprehension of any unpleasant or dangerous effects."

MEANS OF ARRESTING THE FATAL EFFECTS OF CHLOROFORM.—M. Ricord has lately addressed a letter to *L'Union Medicale*, wherein that eminent surgeon relates two cases, in which the inhalation of chloroform proved nearly fatal. He, however, succeeded in reviving his patients, after all ordinary means had failed, by placing his mouth upon theirs, and forcibly insufflating the lungs by rapid aspirations and expirations. Though somewhat repulsive, this means should not be overlooked. Another medical practitioner of Paris, Dr. Escallier, has written to the same journal on this subject, and states that, in two instances of approaching dissolution by the inhalation of chloroform, he recalled life by thrusting two fingers deep into the throat, down to the entrance of the larynx and œsophagus; a sudden movement of expiration followed, and recovery took place.—*Lancet*.

EXEMPTION OF CLASSES FROM CHOLERA.

[*Extract from a Paper read by John Webster, M. D., F. R. S., before the Westminster Medical Society (Eng.) Sept. 29, 1849.*]

It is gratifying to state, that throughout the entire population of London, during the prevalence of the recent epidemic, several marked exceptions have been noticed in the exemption of individuals from cholera, as well as in the rarity of the disease amongst various sections of the community. Several instances which have come under my notice appear worth relating.

The military in the metropolis, generally speaking, never were

in a better state of health than during the epidemic, although a few fatal cases of cholera occurred in different regiments. Respecting the fatal instances among the troops in London, it is both instructive and important to know, that in one regiment, which lost six men by cholera, five came from a battalion quartered in the Tower, and only one from the other division, occupying a barrack at the west-end. It is likewise worth adding, as an illustration of the influence which locality and individual circumstances exert in producing the disease, that one of the severest cases which a medical officer in the Guards met with, recently occurred in a soldier who had absented himself, without leave, from his barrack in the western part of London, and had passed two days in drinking with a sailor, in Ratcliff Highway. From this unhealthy district, the soldier was brought westward, in custody, and placed under confinement, where the malady very soon manifested most severe symptoms. This patient recovered, although he continued in a precarious condition for some time; and, probably, had he remained for a longer period in the tainted district, or had not been placed at once under judicious treatment, the issue might have been different.

Again, amongst the metropolitan police, which, exclusive of the city force, comprises 5,600 individuals, notwithstanding the laborious duties which they often have to perform, their frequent exposure to the night air in all weathers, and especially in the most insalubrious districts, the sickness and mortality was less than might have been expected. According to the return which my friend Mr. Fisher, surgeon-in-chief to the police, has kindly favored me with, only twenty-seven policemen have fallen victims to cholera during the recent outbreak; that is, one in every 207 members of the force, or about 5 per cent. The particulars respecting the localities in which these twenty-seven deaths occurred are likewise of importance, from being analogous to those observed amongst other portions of the population. Thus, of the total fatal cases recorded amongst the metropolitan police, twenty, or three-fourths, occurred south of the Thames; eleven of whom died in Southwark or its vicinity, and three in Lambeth; five were reported from the north eastern districts; two died in Westminster, one being on the Thames; whilst *not a single fatal case by cholera was met with amongst the whole police force stationed throughout the north-western districts of the metropolis.* No statement can be more conclusive respecting cholera and its propagation, than those now made respecting the military in London, but more especially the metropolitan police, consisting almost exclusively of stout, healthy, and mostly young men, placed under the same discipline and regulations. The deductions to be drawn from such data are self-evident.

Having already alluded to Bridewell, it may appear superfluous to speak of other prisons; nevertheless I must notice two other similar establishments. The first is the Cold-bath Fields House of

Correction—the largest jail in England—in which the regulations, sanitary measures, dietary, &c., are carefully attended to by the authorities. At this prison, notwithstanding there being usually about 1200 inmates, not a single fatal case of cholera has occurred during the recent epidemic, even although the disease prevailed in the neighborhood; and it must be added, that the prisoners were otherwise quite as healthy as at any previous period. Indeed, so little sickness has been recently met with amongst the numerous population of this jail, that last week only two cases of illness were under treatment in the infirmary. The other jail referred to is the Model Prison, Pentonville, in which also no fatal case of cholera has occurred amongst its inmates, amounting to about five hundred individuals. This immunity is, no doubt, owing to its open, airy, and elevated position, its good discipline, its scrupulous cleanliness, and plentiful supply of excellent water, much of which is pumped up from a well in the establishment.

From the workhouses in the metropolis, much useful information might also be adduced. I will, however, only allude to two, the first being situated on the low ground south of the Thames, the other on an elevated position in the northern district. The former, or St. George's Workhouse, Southwark, which contains, on an average, 400 inmates, is situated in the middle of one of the worst parts of the Borough, namely, the Mint. This locality, besides being very insalubrious, is inhabited by the very lowest, if not the most wretched class of Society, and amongst whom, deaths by the recent epidemic have been exceedingly numerous. Nevertheless, among the ordinary residents in this establishment, only eight fatal cases of cholera have occurred; and it is instructive to know, that these were chiefly the aged, infirm, and sickly. It was not so, however, in regard to the persons admitted from the neighborhood; the fatal cases recorded having been principally in that class of patients. This rarity of deaths among the resident paupers indubitably depended upon similar causes to those detailed in other public establishments; namely, the house is well ventilated, even although an old building; it is kept very clean; the food is abundant and nutritious; whilst the water is of good quality, and plentiful. The other workhouse to which I would also allude is that of the parish of Islington, situated on elevated ground, well drained, as also properly ventilated, and where the food is good, with water supplied by the New River. In this institution, having about 350 inmates, only two cases of cholera have occurred, although the residents comprise many paupers of broken down health, from years of suffering, privation, and disease. Respecting the two fatal cases of cholera reported from this workhouse, it is instructive to state, that one was sixty-three years of age, with a chronic cough, swelled legs, and a bad constitution; the other had lived for a short time in the same house with a person who fell a victim to the cholera

in an infected district, from whence she was brought, and died in the parish Infirmary.

Another illustration of immunity from cholera, among a class of persons likely to be attacked, may be derived from the St. George and St. James's Dispensary, to which I am attached. At this institution, out of 3,252 patients almost exclusively living in the upper wards of these two parishes, and attended by the medical officers during the by-gone six months, not a single fatal case of cholera has occurred; whilst it is also remarkable, that fewer persons laboring under ordinary diseases have been admitted during the last three months, especially in September, than throughout the previous quarter, comprising April, May, and June.

Lastly, I would mention that, at insurance offices, which comprise many thousand persons of the middle or upper classes of society, and on whose lives millions of money are now insured, notwithstanding deaths by cholera have been reported at particular offices, the general mortality, from all causes, amongst the insured, has even ranged less than usual. At the London Company, to which I am the medical adviser, not only have no deaths by cholera been reported, but the casualties from ordinary maladies have fallen under the average. And as similar statements have been made to me by other parties well able to give information—especially by Mr. Neilson, an authority on such questions—the opinion now advanced must be correct.

The various statements made regarding the exemption of particular places, and the immunity of different persons from attacks of cholera, are instructive, and deserve further investigation, more especially as the epidemic may, I much fear, recur at future seasons. The malady has done so in other countries, as also in England, and may do the like again, even with similar, if not with aggravated virulence. Many authors might be referred to respecting the history and previous prevalence of cholera, but I will only now allude to Sydenham. According to him, cholera morbus was not only very common, but exceedingly fatal, in his day, as also previously; indeed this epidemic disease seemed like a plague, from the mortality it occasioned; nay, it was even called, in common language, "Plague, or Gripings in the Guts." From it, during the year 1669, according to the above celebrated physician, not less than 4,385 persons died in London exclusively, which large mortality, in a population of about 674,000, makes the ratio of deaths nearly the same as during the present year. In 1679, the deaths from the same cause amounted to 3690. The disease re-appeared frequently afterwards, coming on generally about the close of summer, or towards the beginning of autumn; in fact, similar to the recent epidemic; or, to quote the quaint expression of Sydenham, when describing the cholera morbus then so virulent, "it recurred

as constantly as swallows in the beginning of spring, and cuckoos towards midsummer."

Indubitably the word cholera is not mentioned in the old Bills of Mortality, which I carefully examined at the British Museum. The expression in these reports is, "Gripings in the Guts," being doubtless, the vulgar term, and hence adopted by the parish clerks of London, when drawing up their certificates, instead of the more correct appellation contained in the works of Sydenham. This epidemic malady continued to prevail throughout the seventeenth century, although to a less extent than at previous epochs. During the early part of the eighteenth century, the complaint declined considerably; so much so, that exactly one hundred years ago, or in 1749, otherwise a very unhealthy year, seeing that 25,516 persons died in London, of whom 2,625 were carried off by small-pox, only 148 persons died of the epidemic so common in the time of Sydenham. Subsequently, the disease became still more unfrequent; and in 1793, it had almost disappeared; as in that year, according to the old Bills of Mortality, the number of fatal cases registered, from the same cause, had fallen to fourteen, in a total of 21,749 deaths reported to have taken place from all diseases, amongst upwards of one million inhabitants, at that period resident in the metropolis.—*London Journal of Medicine.*

CARBONATE OF SODA AS AN ANTIDOTE TO THE CHOLERA POISON.

The following letter from Dr. Maxwell, in China, to the Secretary of State, at Washington, is copied from the Philadelphia Medical Examiner:

HYDRA-BAD, DECKAN, Aug. 75th, 1849.

SIR.—I do myself the honor to communicate to you for the information of the President of the United States, and the benefit of the people, the important fact which I have just ascertained in the treatment of cholera, viz: that the carbonate of soda is a speedy and effectual antidote to the poison of that disease.

I give it immediately when a case of cholera is brought, in doses of a tea-spoonful dissolved in gruel or water, and drank as hot as the patient can drink it.

It allays the pain and burning of stomach, produces sleep, and restores the heat of skin and pulse in a very short time.

If it should be vomited, I immediately repeat it with a little laudanum, and a full dose of oil, so as to cause the antidote to pass down as speedily as possible to the poison in the small intestines.

When any portion of the oil and antidote is passed in the evacuations, convalescence *will be found* to have already commenced, the patient will presently *pass urine*, and *then be out of danger*.

I continue the antidote morning and evening (if necessary,) and reducing the dose.

I will not trouble you with details, which will appear hereafter.

By thus addressing the head of such an extensive empire, I make sure that the knowledge of this antidote will be speedily transported through its vast extent, instead of being left to chance to work its way up against the stream.

Besides, I am only performing what I consider a duty, at a time when the epidemic appears to be on the increase.

And, with the greatest respect, I remain your most obedient and obliged servant,

N. E. MAXWELL, M.D., *Surg. 3d Lt. Cavalry.*

CHOLERA COLLAPSE.—Dr. Bonet, a physician of Paris, informs his professional brethren, that, in a great number of patients affected with cholera in the last stage, that is to say, when the pulsation of the heart and the movement of the pulse are absent, and in the commencement of the blue stage, he has succeeded in restoring the action of the heart, and in recovering the patient from the blue stage, by administering, at intervals of half an hour, four cups of a hot and sweetened infusion of the common lime-tree, mint, balm, or chamomile, &c., in each of which cup of infusion were four drops of volatile alkali, making sixteen drops, which the patient may take in two hours. The reaction (he says,) is almost instantaneous—the pulse commencing almost instantaneously to beat, rather irregularly at first, but afterwards with force, the blue state disappearing, the body, face, and extremities being covered with hot and copious sweat, and in a few hours the patient is entirely out of danger.

A Mr. Royer, surgeon to the Garde Mobile, claims the merit of having *discovered* an infallible remedy in “brandy and salt!” The worthy Mobile seems to be ignorant of the writings of Solomon. *Med. Times*, July 1849.

CHOLERA FUNGI.

Extract from a Report on the Nature and Import of certain Microscopic Bodies found in the Intestinal Discharges of Cholera. Presented to the Cholera Committee of the Royal College of Physicians of London, by their Sub-Committee, on Oct. 17th, 1849.

We shall now briefly re-state the principal results we have arrived at, and submit the conclusion which seems to us justified by them.

1. Bodies presenting the characteristic forms of the so-called cholera fungi are not to be detected in the air, and, as far as our experiments have gone, not in the drinking water of infected places.

2. It is established that, under the terms "annular bodies," "cholera cells," or "cholera fungi," there have been confounded many objects of various, and totally distinct natures.

3. A large number of these have been traced to substances taken as food or medicine.

4. The origin of others is still doubtful, but these are clearly not fungi.

5. All the more remarkable forms are to be detected in the intestinal evacuations of persons laboring under diseases totally different in their nature from cholera.

Lastly, we draw from these premises the general conclusion, that the bodies found and described by Messrs. Brittan and Swayne are not the cause of cholera, and have no exclusive connection with that disease;—in other words, that the whole theory of the disease which has recently been propounded, is erroneous, as far as it is based on the existence of the bodies in question.

(Signed)

WILLIAM BALY, M.D.,

WILLIAM W. GULL, M.D.,

CREOSOTE IN THE TREATMENT OF DIARRHŒA.—Dr. Spinks gives, in the London Medical Gazette, the following statements respecting his use of creosote in diarrhœa and cholera:

"From the 1st of July to the 1st of August, I have had 224 cases of simple diarrhœa, 12 cases of rice-water purging, and 18 cases of cholera. The first 93 cases of diarrhœa were treated with the usual chalk mixture and opium, the remainder with creosote; in those treated with the former the diarrhœa continued for some days, and, when checked, was invariably followed by a disagreeable rumbling and flatus in the bowels. In the 131 cases treated with creosote, the diarrhœa *immediately* ceased, and was followed by none of the above symptoms. In the 12 cases of rice-water purging, the effect was instantaneous, the first dose generally putting a stop to the discharge. In the 18 cases of cholera, all of whom had vomiting, rice-water purging, cramps and blue skin, creosote had the same decided effect, at once checking the purging and vomiting, the cramps very soon afterwards subsiding, the pulse becoming full and soft, a free perspiration breaking out over the body and extremities.

Of the 18 cases of cholera treated with creosote, I have only lost *two*, these being far gone in collapse when I was called to them. The formula in which I use the creosote, is—℞ Creosote ℥xxiv; mist. acaciæ 3ss; sp. ammon., c. camphora ʒi 3ij; ether chlorici 3iij; aquæ 3viss;—M. Ft. misturæ. Capiat cochl. ij. qaq. omni horâ.

In simple diarrhœa, I only give two drops every two hours, with the above stimulants, and no astringent whatever.

NEW PREPARATION OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal:

SIR:—If the following is worthy of a place in your valuable Journal, you may insert it; if not, let it remain *sub umbra*. It was prepared for the last meeting of the Suffolk County Medical Society (after the subject of opium had been pretty freely and learnedly discussed at the previous meeting,) but was not read, as other business pressed.

Some three years since, I saw, in the Dublin Medical Press, a statement from Dr. Nichol, that he had made, and used in his practice, and also given to some of his friends, who also had used the same, what he called "*Muriate of Opium*." Their testimony was, that it was far preferable to any other solution or preparation of opium. Having tried the acetate and sulphate of morphia and the common tincture of opium, and that prepared by citric, tartaric, sulphuric, and almost all the other acids, they found all these leave the patient with headache, constipation, and many other unpleasant symptoms; but the *muriate of opium* answered all the indications of that drug, and left none of the unpleasant sensations. Dr. Nichol's formula was the following:—℞ Pulv. opium 1 oz; muriatic acid 1 oz; distilled water xx oz; mix. Macerate (often shaking the liquid) for fourteen days. Strain and filter. The dose was from twenty to forty drops, according as circumstances should indicate—not varying much from the tinct. opii.

I tried this preparation, and found it answers the description. Out of twenty persons who took it, none complained of *headache and unpleasant sequences*. But it was not of a good color, and soon grew *muddy*, and seemed to be decomposed. I therefore made some modifications of the preparation, until I fixed upon the following formula, which answers admirably, and makes and *retains* the beautifully red and clear form of that which I herewith send you. I use no other preparation of opium, except the powdered gum in diseases of the bowels. ℞ Pulv. gum opii 3i; muriatic acid 3i; distilled water 3xvi; red brandy 3iv. Mix, &c. It is of nearly the strength of the *tincture of opium*, and, I think, much preferable to that or McMunn's elixir.

Boston, Dec. 29, 1849.

W. M. CORNELL.

MEDICAL INTELLIGENCE.

DEATH OF DR. GALLUP.—Joseph Gallup, M.D., formerly President of the Medical Society of Vermont, and also Professor of the Theory and Practice in the Castleton Medical College, died last week at Woodstock, Vt., the place of his residence, at the advanced age of nearly 81. Dr. G. was an author, and although not very popular as a writer, was a man of strong intellectual powers,

if not precisely an originator of new ideas. His literary reputation was based, in a measure, upon a history of the spotted fever, an epidemic that raged terrifically in Vermont some thirty years ago. His Institutes of Medicine, in two large octavos, on which he evidently exerted his utmost scientific and intellectual power, never took the bibliographical position that he most sanguinely hoped for it—and without any assignable cause, a laborious effort, the crowning glory of a long professional life, has strangely been neglected. In speaking of the work at its first appearance, the idea was advanced by us, that it would be consulted a century hence, with more respect than at the moment of typographical birth. Dr. Gallup was a man of learning—a laborious and careful student, and an ambitious practitioner when in the meridian of life.—*Bost. Med. Jour.*

STATISTICS OF INSANITY.—Dr. Rubio, chief physician to the Queen of Spain, has published the following statistics of insanity:

In Scotland the proportion of the insane to the sane is 1 in 417; Canton of Geneva, 1 in 446; Norway, 1 in 550; Belgium, 1 in 816; England and Wales, 1 in 700; Prussia, 1 in 1000; Holland, 1 in 1230; Spain, 1 in 1667; France, 1 in 1733; Ireland, 1 in 2125; Italy, 1 in 3698; Piedmont, 1 in 5818. In France, Belgium and Holland, the proportion of female lunatics is greater than of males. The reverse obtains in England, Prussia, Russia, Italy, Piedmont, and Spain.—*Lond. Med. Gaz*

INSANITY IN THE UNITED STATES.—Miss Dix, the distinguished philanthropist, in a memorial to Congress, shows that in the New England States, the proportion of the insane to the whole population is about 1 in 600; in the Middle States, 1 to 700; Western States, 1 to 1300. The worst State is Rhode Island, where there is one to every 503; and the best South Carolina, where there is one to every 5,068.

NEGROES WITH TAILS.—M. Du Couret has given to the French Academy of Sciences, a description of a race of negroes in Central Africa, which he considers to be intermediate between the human species and the monkey. The chief peculiarity consists in the prolongation of the os coccygis, in both sexes, into a tail of three or four inches long; in the organization of the cranium; their large mouth, pendulous ears, and long arms. They closely resemble the higher classes of simiæ, but their possession of language incontrovertibly settles their human origin.—*Med. News.*

NATIONAL CONVENTION FOR THE REVISION OF THE PHARMACOPOEIA.—The call for this Convention, to meet in the city of Washington, on the first Monday in May, 1850, has been made by the

proper authority, and we would call attention to the early appointment of Delegates by the several bodies who have a right to representation. These bodies are "the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States." The names of the delegates appointed are to be sent to Dr. G. B. Wood, Philadelphia, Vice President of the last Convention. We hope that speedy action in the matter will be taken by the societies, &c., interested.

TURKISH MEDICAL JOURNAL.—A medical journal has been started in the Ottoman Empire. It is called *La Gazette Medicale de Constantinople*, and is published in the French and Turkish languages. The editor is Hair-Ullah-Effendi, who signs himself, "*Docteur en Médecine et Directeur des Etudes de l'École Impériale de Galata-Serai.*"

MICROSCOPIC DISCOVERY IN TOXICOLOGY.—The Italian medical periodical, *Il Progresso*, mentions that three physicians, Drs. Ranieri, Bellini, and Atto Tigri, have just discovered that poisonous substances modify the globules of the blood in a peculiar manner, and that the different modifications thus produced by distinct toxic agents can, by the use of the microscope, be distinguished one from the other. If this discovery be found exact, a new field will be opened in forensic medicine and toxicology.

ANTISEPTIC COMPOSITION.—While experimenting, in the year 1845, for the purpose of producing artificial petrification, I discovered the strong antiseptic qualities of the following combination. The result of those experiments can be demonstrated by articles preserved at that period, now in a perfect state, free from the odor of the composition, although they have been kept for nearly five years. This combination, which has recently been thought well suited for the correction or prevention of emanations arising from the decomposition of animal matter, is as follows: Carb. of lime, 5 parts; chloride of lime, 2 parts; nitrate of potassa, pulv., 1-4 part; sulph. iron, 1-4 part; ox. arsenic, 1-6 part; with one part carb. soda.—*Dr. E. R. Smilie, Bost. Med. and Surg. Jour.*

POISONOUS EFFECTS OF ARSENICAL PIGMENTS.—Dr. Basedow, of Mersberg, has ascertained that Scheele's green (arsenite of copper,) when employed in painting apartments, &c., may give rise to the evolution of arseniuretted hydrogen under the influence of moisture, and has traced as its results the production of rheumatic and neuralgic pains, marasmus, and diseases of the skin.—*Journal de Chimie Medicale.*

Part 3.--Homœopathy.

THE HISTORY OF MEDICAL SCIENCE.

AN INTRODUCTORY LECTURE, BY STORM ROSA, M. D., PROFESSOR
OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY, IN THE
ECLECTIC MEDICAL INSTITUTE, CINCINNATI, OHIO.

(Concluded.)

The old school of medicine has never adopted experience as her landmark, it has been a system of day-dreaming hypothesis upon hypothesis, conjecture upon conjecture, while continued speculation and strange conceits have always formed the basis of the Allopathic school.

At what conclusion would a rational man arrive, when such a mass of conjecture and heterogeneous materials were found to form the basis of the whole superstructure of medical science?

The only object for which a medical theory is intended, is, or should be, to guide the practitioner to a sure basis upon which to make his prescription. If the theory be false, the conclusions are consequently false, and it now remains for the *rational faculty* to show to the world, after a twenty-five hundred years of probation, that they have a theory founded in truth. When that task is accomplished, all other methods will be set at rest, and mankind will sanction it with a *holy cordiality*.

But we have yet to learn that the first effort to that end has ever been attempted, whilst on the other hand the Homœopathic physician presents to the world his great and unerring law of nature, *similia similibus curantur*. He challenges the world to disprove this great law, he invites everywhere a trial of its truth. Why do they not institute a trial, by appointing honorable and discreet men as commissioners to investigate the whole subject? They dare not!

The condition of the science of medicine at about the close of the 18th century, with all of its attendant uncertainties, awakened the attention of Samuel Hahnemann to its sad condition. He saw with an unequalled penetrating eye, the deplorable and beclouded condition of that important science which had for its object the healing of the sick.

Samuel Hahnemann was a profound and deliberate thinker; he reflected deeply upon the science which had been his favorite study, he saw the contradictory doctrines and hypothetical reasonings of the profession, and turned from them in disgust. Subsequently,

however, he instituted a series of inquiries, in order to satisfy his own mind whether the healing art was a fancy of the imagination, or whether the Divine Creator had, in his mercy, provided agents for the removal of disease and suffering. He regarded the sanative and restorative powers of nature as far more salutary and safe than the orthodox method of cure. He viewed the lancet with horror, and huge doses of mineral poisons as the offspring of a darkened and benighted empiricism.

The great literary acquirements of Samuel Hahnemann eminently qualified him to turn his attention to an entire new channel to obtain a livelihood, he had abandoned a lucrative medical practice in disgust. He could not, guided as he was, by a conscientious sense of duty, pursue a profession of which he had so much evidence that it only increased human sufferings, and which greatly increased the lists of mortality.

Having been previously an indefatigable student of all the living languages of the continent of Europe, and also being devotedly attached to the science of chemistry, he commenced the translation of some of the best English and French works upon that science, into the German language. He also commenced the translation of the *materia medica* of Cullen into his native language. "Whilst engaged," says a writer, "in translating the *materia medica* of the illustrious Cullen, in 1790, in which the febrifuge virtues of cinchona bark are described, he became fired with the desire of ascertaining its mode of action. Whilst in the enjoyment of the most perfect health, he commenced the use of this substance upon himself, and in a short time was attacked with all the symptoms of intermittent fever, similar in every respect, to those which that medicine is known to cure. Being struck with the identity of the two diseases, he immediately divined the great truth which has become the foundation of the new medical doctrine of Homœopathy.

Not contented with one experiment, he tried the virtues of medicines, not only on his own person, but on others.

In this investigation, he arrived at the conclusion that the substance employed possessed an inherent power of exciting in healthy subjects, the same (similar) symptoms which it is said to cure in the sick. He compared the assertions of ancient and modern physicians, upon the properties of poisonous substances, with the result of his own experiments, and found them to coincide in every respect, and upon these deductions he brought forth his doctrines of Homœopathy.

"Taking this law for a guide, he re-commenced the practice of medicine, with every prospect of his labors being ultimately crowned with success.

In 1796 he published his first dissertation on homœopathy, in Hufeland's *Journal*. A treatise on the effects of medicine appeared in 1805, and the *Organon* in 1810.

Hahnemann commenced as a public medical teacher in Leipsic, in 1811, where with his pupils, he zealously investigated the effects of medicine on the healthy living body, which afterwards formed the basis of the *materia medica pura*, and which was published during the same year."

From what has been said in the above quotations, it will be perceived that homœopathy is an inductive science—a system of medical practice drawn entirely from experiment. In this it differs from all others which have preceded it, and it no where claims any respect or confidence from any source, unless its pretensions can be fully established upon the broad basis of experiment.

Homœopathy claims for itself great superiority over all methods for the cure of disease. Its discoverer, and the advocates of it, claim that the law of *similia similibus* is the only one which can be made available in the cure of any disease. Its advocates also maintain that all theories and hypotheses, which are not drawn exclusively from experience are deceptive, false and conjectural, and consequently mislead the practitioner in his pathology, and what is still more important, in the selection of his remedies for the removal of disease.

But whilst the advocates of Homœopathy thus refuse to accord to Allopathy any approximation towards the truth, in the fundamental principles of their science, they are frank to confess that cures apparently, do occasionally result from their mode of treatment, but not by virtue of their law of *contraria contrariis*, for by that principle no cure can ever be accomplished.

Allopathy being a stereotyped edition of discordant dogmas and contradictory theories, which are chiefly the offspring of the imaginations of ingenious men, all of which is entirely destitute of any true method or guide to the physician, is therefore unworthy the confidence of an enlightened people. It is entirely a system of guessing, the dangers of which are too plain to be mistaken, and the patient who has luckily escaped, could he but look back and see the shoals and the quicksands which he had just escaped, in a barque which had neither compass nor rudder, would be taught a lesson not soon to be forgotten.

Why is there such a fierce and determined hostility against innovation and reform? Why do they not meet the reformer upon the broad platform of truth and argument? Is it not because they view their craft in danger?

Hear our Allopathic brethren—do they tell the world that more deaths occur under the treatment of the Homœopathic physician than under their own? No, that is not the charge. We are charged with preparing and giving remedies to the sick upon an entirely different plan from their own—one with which they have no acquaintance, *nor do they desire any*, because the whole system is charlatanism and humbuggery, not having received the talismanic

sanction of some dignitary of their school. Such reasoning may answer their purpose; but the people have taken this matter under their own supervision, and have pronounced already a verdict of GUILTY.

The numerous Allopathic journals of the entire country are studiously employed in ridiculing the reformer. They of late have nearly forgotten the legitimate object for which they were established, and he that can pour forth the most bitter sarcasm and ridicule upon the new science, stands highest in the estimation of the school as an editor.

The public teachers in their colleges have also taken the cue. They falsely represent the doctrines of Hahnemann, and hold them up to ridicule and scorn—they refuse to meet us with sober arguments as honest and literary men are bound to do, and in addition to all this, they refuse to extend the common hospitalities or courtesies of life to those who are guilty of the great crime of differing with them honestly, about the method of curing diseases.

I ask again is their craft in danger? If the waning prospects of the oldest medical school in Ohio are an index to the future, their sun is setting in the west, and the midnight mantle will soon cover over their sins.

But in defiance of all opposition, the march of true science is *onward*—ONWARD—everything is undergoing revision and reform—this is a day of improvement and of reformation—the philanthropist and the moralist are seeking new standards—all of the civilized world appear to be on the strife to see who shall be first and foremost in the great course of reformation, in order to ameliorate the condition of his fellow man. And now let me ask where are the opponents of reform? I answer by directing you to the old school bigots. I confess that some of the best men the world ever saw can be found in the ranks of Allopathy. But they are wedded to their idol, and there I leave them.

In justice to Allopathy I ought to mention an improvement in their medical practice. They claim to have fallen in with the public demand, and now administer by one half less doses than formerly. Now whether this improvement is the result of careful investigation, or is the result of a *reckless and benighted* demand of an ignorant world, *who have very little interest in their own lives and health*, and who, in former times, patiently submitted those matters to the *legitimate sons of Esculapius*, I cannot determine; but certain it is, they boast loudly of their reformation.

A well adjudicated public opinion has often compelled tyrannical rulers to abandon oppressive and barbarous practices, and has driven the greatest tyrants into mild and humane measures of public policy. The public will finally compel the old physicians into a careful and thorough reformation in all their medical practice.

I have intimated that the Allopathic school stands condemned,

not very unlike a criminal who has been found guilty by a jury of his country, and is only awaiting the sentence of the law. But before that sentence is pronounced, hear the cogency of their reasoning, why it should be delayed.

May it please the court, "our cause has been on trial for about *twenty-five hundred years*, and we have been able all of that time to avert a final verdict, because we have never had a competent competitor, and we have grown careless of *our* rights. It is true that for the last fifty years we have had rather more than our match, and the entire people appear to be turning against us, all because they are ignorant and incompetent to judge of what is for their good in the premises."

The replication. You have been on trial, and have had a full and a fair hearing; of this you do not complain, and we now demand of you a speedy reformation; we have been deceived by you, and now declare that in our judgments, you are no more successful in the treatment of disease than the Galenists or any of their successors, up to the present time, and you are not what an enlightened people have a right to expect; therefore away! OR REFORM.

In conclusion, I will briefly call your attention to a few of the leading or cardinal principles of Homœopathy.

1st. They maintain that the law *similia similibus curantur* is an unerring guide in all cases of disease for the selection of the proper curative power.

2d. Although this law is a fixed principle and a sure guide for the selection of the remedy, it does not indicate the quantity to be given to the patient.

3d. That there is a power or a dynamic force contained in all medicinal agents, in all the kingdoms of nature, which has never been developed in any other way than by *trituration* or *succussion*.

4th. That before a remedy is capable of exerting its highest medicinal force, it must undergo the process of *trituration* or *succussion*, or both, as the case may be.

5th. That in order to obtain a true knowledge of the medicinal qualities of a remedy, it must undergo a thorough series of trials upon healthy individuals, and all the modifying changes produced by it upon the organism, must be carefully recorded for the use of the physician.

6th. The changes and modifications which are produced upon the healthy organism by a medicinal agent are the only means by which we can ascertain its virtues, and the only true method by which we can arrive at a perfect rule for its administration to the sick.

7th. The Homœopathic physician maintains that a remedy which embraces the greatest number of modifications in its pathogenetic symptoms upon the healthy organism, which resemble the

symptoms of a disease to be removed, is the only rational selection which can be made by the medical practitioner.

Such are a few only of the cardinal principles of the Homœopathic healing art.

Homœopathy is only another name for the specific healing art. Its advocates claim it to be a method drawn entirely from experience, and that they are guided in all their remedial applications by this unerring law of nature, the maxim of *similia similibus curantur*, a law which no other school has ever adopted. This maxim, however, does not necessarily imply or indicate the doctrine of infinitesimal doses. The doctrine of infinitesimal doses is the result of many years of experiment by Samuel Hahnemann and his co-laborers. But this is still a somewhat perplexing subject, and there is now a wide difference of opinion upon this matter, among many who are justly entitled to great respect for their literary acquirements and honesty of purpose. There being no rule, then, by which to determine the quantity of a medicament, which is most proper to be given to a patient at a single dose, it irresistibly follows that each practitioner must be left to his own judgment upon this subject.

And now in conclusion, allow me to say that whilst the Homœopathic physician claims great superiority over all other methods of curing diseases, and, indeed, he claims to have the only true philosophical method; still he is willing, nay, anxious to meet the advocates of all other systems upon the broad platform of friendship and good will, where they are willing to compare notes and facts, and abide the result.

We are unwilling to rob any one of his good name. We glory in the success of the Eclectic practitioners in the late fearful and destructive epidemic—we rejoice that thousands of our fellow citizens, who were taken under their kindly care, are now in the enjoyment of perfect health. These facts are abundantly proven to satisfy any unprejudiced mind.

We also accord to them a higher degree of generosity and open manliness, than can be found in other medical schools. They are not only willing to meet us, but they have frankly given us their *forum*, unasked and unsolicited, from which we may proclaim to the world our doctrines and our deeds.

Part 4--Editorial.

OLD SCHOOL CHOLERA PRACTICE.

It is not long since we were startled by the wonderful announcement that old school practitioners had at last succeeded in treating cholera, and that calomel and opium had actually cured the disease in a large number of cases. Dr. Ayre, of Hull, England, announced that he had cured a large number of formidable cases of cholera in the stage of collapse, by giving two grains of calomel and two drops of laudanum every ten minutes. His extraordinary success has excited considerable discussion; some of his medical brethren being disposed to sanction his claims, and averring that they have successfully carried out his plan—others declaring that it is altogether an egregious humbug. The following statement of Dr. Richardson throws some light upon its value :

“**AYRE'S TREATMENT OF CHOLERA.**—Dr. W. L. Richardson gives, in the *Medical Times*, (September 22,) a tabular statement of 18 unequivocal cases of Asiatic cholera treated at the Edinburgh Cholera Hospital, by Dr. Ayre's method: two grains of calomel, with one or two drops of laudanum, every ten minutes. In 11 of these, there was not the slightest attempt at reaction, and only one case actually recovered; two others survived the cholera, but one of these died of pneumonia, and the others from peritonitis.”

It would be strange, indeed, if calomel and opium should prove successful after so long a period of disastrous failure, which the most candid old school authorities readily admit.

Dr. Elliotson, in his work on practice, says :

“As respects this country, I cannot but think that if all the patients had been left alone, the mortality would have been much the same as it has been. If all the persons attacked with cholera had been put into warm beds, made comfortable, and left alone—although many would have died who have been saved; yet, on the whole, I think the mortality would not have been greater than after all that has been done: for we are not in the least more informed as to the proper remedies, than we were when the first case of cholera occurred; we have not been instructed in the least

by those who had the disease to treat. Some say that they have cured the disease by bleeding, others by calomel, others by opium, and others, again, say that opium does harm. No doubt many poor creatures died uncomfortably, who would died tranquilly, if nothing had been done to them. Some were placed in hot water or in hot air, and had opium and calomel, and other stimulants; which, altogether, were more than their system would bear, and more than would have been borne, if they had been so treated even in perfect health.

"I am sorry to say, that, of the cases I had to treat, the patients nearly all died. I tried two or three sorts of treatment. Some had opium and calomel in large and full doses; but they died. Hot air was applied externally, and I got two to breathe hot air. I had a tube passed through boiling water, so that they might inhale hot air. It was found vain to attempt to warm people by hot air applied *externally*. They were nearly as cold as before—we could not raise their temperature; and therefore I thought of making them breathe hot air; but both patients died, about the period that death usually takes place. It was said that saline treatment was likely to be of use; and I accordingly tried it in some patients. At first I exhibited half a drachm of sesquicarbonate of soda every hour, and, thinking that might not be quite enough, I exhibited a drachm: in one patient, at St. Thomas's Hospital, I ordered an injection, containing an ounce of the same remedy; but the greater part of it came away, and the patient died. Hot air was used in this case, as well as in the others."

Dr. Watson, the present standard English author on Practice, says in his lectures:

"Some patients, (in cholera,) after the vomiting, and purging, and cramps had departed, died comatose (in stupor); over-drugged, sometimes, it is to be feared, by opium. The rude discipline to which they were subjected, might account for some of the cases of fever; and the process of artificially replenishing the veins was certainly attended with much danger. The injection of AIR with the water—inflammation of the vein from the violence done to it—an over-repletion and distention of the vessels by the liquid—*might*, any one of them, and sometimes, I suppose, *did*, occasion the death of the patient. Never, certainly, was the artillery of medicine more vigorously applied—never were her troops, regular and volunteer, more meritoriously active. To many patients, no doubt, this busy interference made all the difference between life and death. But if the balance could be fairly struck, and the exact truth ascertained, I question whether we should find that the aggregate mortality from cholera in this country was any way disturbed by our craft. Excepting always the cases in which preliminary diarrhoea was checked, just as many, though not perhaps the

same individuals, would probably have survived, had no medication whatever been practiced."

Dr. Billing, a distinguished medical teacher and author of London, says:

"The slight, or middling cases of cholera, have a tendency, like ague, to remit of themselves; and hence, whatever treatment had been adopted, the practitioner used to think he had cured them; and thus I have been frequently told by practitioners, that they had found the true remedy for cholera. But the next time I met them, there was a long face upon mentioning the specific."

In consequence of the deplorable failures of the medical faculty, a humane banker of Hamburg, M. D. Rennes, who died recently at Naples, has left by his will a prize of *twenty thousand dollars*, "to the physician who shall discover an undoubted specific against cholera. The Academy of Medicine of Paris, is appointed executor to this legacy."

If the reader desires to behold, in one striking picture, the contrast of old school and Eclectic practice, let him contrast the treatment in Cincinnati, which saved ninety-six patients of every hundred, with that of Sandusky, where for several days every patient died, and the ravages of the disease were checked only by the flight of the inhabitants; or let him compare our serene security under the banner of Eclecticism, with the following frightful picture of the ravages of cholera, occurring at the same time in the East Indies, (June, 1849.)

CHOLERA IN THE EAST INDIES.—According to the last accounts, the cholera has proved fearfully fatal at Siam. A correspondent of the Straits Times writes:

"I regret to say that the cholera, that awful visitation of God, has, in its onward march, reached Bangkok, and made most fearful ravages among its thoughtless multitude. On Sunday, the 17th of June, a few cases occurred within the city walls, and near the palace. By the Tuesday following it had so increased, that 80 bodies were taken to a single 'wat,' for burning. On Tuesday, Friday, and Saturday, it raged so that its horrors are beyond all description. You could not walk out, even for a short distance, without witnessing the dead bodies lying in all directions, and seeing persons attacked while walking from one place to another, who, perhaps, oftentimes, never reached their homes.

So great was the number of deaths that they found it impracticable to burn them at all, and many were buried, and multitudes

more thrown into the river just as they had died. You may form some conception of the numbers by knowing that in many of the wats, 400, or nearly that, were burned in a day. They were brought, and laid in piles, and fuel applied, when they were consumed like heaps of logs. No parade; no funeral; no other object but to hasten them away to the wat, where they were often left to be burned by those who would attend to it, or left to putrify on the ground. Perhaps in the three days last mentioned, not less than from 2,000 to 3,000 died daily; and at the end of twelve days it was known that more than 20,000 had fallen victims to its ravages. Since that time it has very much abated, but has by no means ceased.

Among those who have died were very few of the highest class; however, among that small number was Khan Khun Bodin, a noble of high rank and great influence, a man of age and experience, who was Commander-in-Chief of his Majesty's forces in the late war in Cochin-China. The mortality is said to have been so great among the inhabitants, it is thought that within a radius of 25 or 30 miles, not less than 30,000 have been swept off by this fatal scourge within the last two or three weeks. The Singapore authorities have directed all vessels from Siam to be examined, and those with a foul bill of health to be placed in quarantine."

ECLECTIC PRACTICE.

DR. A. POTTER, of Casstown, Ohio, reports from July 1st 1848 to January 1850, the treatment of 1361 cases of all kinds, of which 1277 were cured, 77 materially benefited, and 7 died.

DR. J. H. SMITH, of Bowlinggreen Ky., reports January 1st, 1850, 140 cases and one death—a patient who had been suffering twenty years with hepatitis and hemiplegia.

DR. D. A. McCORD, of Greenville, Illinois, reports two hundred cases prior to January 1st, 1850, with seven deaths. Three of these died under his own treatment, the four others were hopeless cases of other physicians, to which he was called at nearly the last moments.

DR. B. HUBBELL, of Clermont County, writes: "My practice has been extended by the aid of Dr. Mitchell, during this year, to something over eleven hundred families, and we have treated twenty-five hundred cases and have lost but five patients—two of consumption, one of dropsy, (of long standing before we were called,) one of cholera, and one infant four weeks old. I have treated sixty-three cases of cholera, and lost one. Dr. Mitchell treated thirty cases, all successfully. We have both treated over

one hundred and fifty cases of cholera morbus and cholera infantum, and over one hundred cases of dysentery, and all recovered. We have some practice in measles and whoopingcough, several cases of fever, and of late more cases of inflammatory rheumatism than I ever knew of at this season. I have attended to one hundred and twenty-eight cases of obstetrics, and Dr. M. to fifty-seven. We have at this time eleven students going through preparatory studies. This season has made more advocates for the Eclectic practice than I ever knew before. We have received more than twenty communications in one week, requesting us to send them assistance. We placed as many as we could in different stations. Some went with great reluctance; but all have been able to give great satisfaction."

DR. J. BEEMAN, of Birmingham, says he has treated since 1849, 693 cases, of which six have died. "Of these, three were cases of consumption, who had been tampering with patent medicines or allopathic physicians, or both, until they were far advanced before I was called. One was an old lady with erysipelas; one a case of croup, so far gone when I got there that he lived but a few minutes; and the other was a small and weakly child with measles."

PUERPERAL FEVER.—A veteran Eclectic practitioner (sixty-three years of age) says in a recent letter: "I lost the *first case* of puerperal fever on Friday last that I have ever lost."—B.

ECLECTIC AND OLD SCHOOL COLLEGES.

The records of the Eclectic Medical Institute exhibited for the past session about one hundred and seventy matriculated students. The Ohio Medical College claims one hundred and thirty-six; but the report of the Trustees of the Cincinnati township exhibits the payment of matriculation fees only to the amount of five hundred and ninety-five dollars, corresponding to one hundred and nineteen matriculations. The remaining seventeen, therefore, were gratuitous or nominal matriculants—physicians, we suppose, who were invited to register their names to swell the numbers.

We learn from the newspapers, that the medical department of Transylvania University, at Lexington, Ky., (once the most flourishing in the West,) had but 54 paying students during the recent session.

A letter recently received from Memphis, says :

“The cause of Eclecticism is taking deep root in this city, by the continued efforts of the faculty of the Memphis Institute ; hundreds who, at the time we came to this city, knew little or nothing of the peculiar doctrines of Eclecticism, are now its warmest advocates. At the beginning of the session, we had much opposition from some of the physicians here ; they by misrepresentation succeeded in sending ten or fifteen students from here, who came in early, and before the faculty of the Institute arrived ; some of them, however, returned ; and for the first session our most sanguine expectations have been more than realized. From circumstances to be referred to, we know that our doctrines and merits as Eclectics have been duly appreciated, by employing us as their physicians, and by the act of the city council. They have donated to the Institute the college edifice, formerly occupied by the old school, valued at \$15,000, which is one of the finest and best arranged buildings for this purpose in this country, and also donated \$3,000 to purchase the library, chemical apparatus and anatomical museum. They gave us too the amount of the rent for this winter, \$300. Now when you consider that there are thirty-three old school Doctors in this place, and they all opposed to us, you may know that we have not been found sleeping.

This is the beginning of a great change which is inevitably to take place in the profession throughout the South ; and as soon as the day arrives, (and we believe it will not be long) that the Memphis Institute, like the Eclectic Medical Institute of Cincinnati, can send forth her hundreds, and, like her, boast of being the first college in the South in point of merit and number as she is in her geographical position ; this mighty revolution will take place and that quickly.

The excitement among some of the Doctors here, has been equalled only on the occasion of the appointment of Dr. Jordan last summer, to the cholera hospital of Cincinnati, and discharging Drs. Drake and Johnson.”

N.

We perceive by the newspapers that two young ladies have been attending the medical lectures of the Memphis school. We rejoice to hear of this. The admission of women to professional pursuits cannot fail to have a salutary influence—elevating and redeeming woman herself from her present abject dependence on

man, and imparting a purer moral influence to professional life. If woman had heretofore been admitted to the profession, it would not have been disgraced by its hunkerism and its tenacious adherence to a barbarous practice. The finer sensibilities of woman would long ago have repelled the lancet and buried calomel in oblivion. The subject of receiving female students has occasionally been suggested to our faculty, and favorably received, but no one has yet applied for admission. However, we apprehend another session will scarcely pass without breaking the ice.

The Syracuse school has had to encounter some difficulties incident to its inland location, students having been arrested for their exertions in procuring anatomical *materiel*. We understand that a removal to Rochester or some more favorable location is contemplated.—B.

COMMERCIAL HOSPITAL.—There is no improvement in the management of this institution. Last year the mortality was more than one to every six admissions, being 1 to 5.97. For the year 1849, according to the accounts of the Trustees as given in the Atlas, the mortality is still greater. There have been 2,284 admissions this year, in addition to 661 in the hospital at the commencement of the year—making a total of 2,945. Of this number, 3 have been transferred to lunatic asylums, and 364 are still remaining in the hospital. This leaves 2,578 as the number of those whose fate has been determined for life or death, under the control of the medical and surgical skill of the Ohio Medical College. Of this number, 454 have died, and 2,124 have been discharged—making a ratio of 1 death to every 5.67 admissions—the ratio of deaths to discharges being 1 to 4.67.

A bill to divide the responsibilities and privileges of the Commercial Hospital equally between the Ohio Medical College and the Eclectic Medical Institute, has been introduced in the Legislature of Ohio, and it is believed will become a law at this session.

The House of Representatives has received and published a communication from Prof. Hill, with the accompanying documents, which, with all honorable men, must be a death-blow to Dr. Stevens. It shows his calumnious letter against Dr. Beach to be the most dishonorable imposture ever perpetrated upon a legislature. So much for the President of the American Medical Association. *Requiescat in pace.*—B.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.—Our friends will please bear in mind that the next annual meeting is on the third Tuesday in May, 1850, on which occasion we hope to see a large number in attendance, as well as to receive a large number of reports of Eclectic practice. The members of the various committees will please bear in mind that the time for drawing up their reports has arrived.—B.

DEATH OF DR. OVERTON.

HALL OF THE ECLECTIC MEDICAL INSTITUTE, }
CINCINNATI, February 6, 1850. }

The class of the E. M. Institute being assembled at the usual lecture hour, were informed of the death of their fellow student, Dr. A. C. OVERTON, whereupon J. C. BATES was called to the Chair, and S. N. CALDWELL elected Secretary.

Resolutions were adopted as follows :

Resolved, That a committee of funeral arrangements, consisting of five, be appointed.

Messrs. Sampsell, Hough, Sells, Leonard, and Davis, were appointed said committee.

Resolved, That we meet in this Hall to-morrow, at 9 o'clock A. M., form in procession, and attend the funeral of the deceased.

Resolved, That Rev. J. DALBY be requested to perform funeral services on the occasion. }

Resolved, That a committee of five be appointed to draft resolutions, expressing the sentiments of the class, in commemoration of our deceased fellow student.

Messrs. Newman, Tilden, Leonard, Benton, and Skellinger, were appointed.

On motion, adjourned till Friday, 8th inst., 12 M.

FRIDAY, February 8, 12 M.

Pursuant to adjournment, the members of the class convened in the E. M. Hall, when the following preamble and resolutions were presented and unanimously adopted :

Whereas, in the course of human events, it has been the will of the all-wise Governor of the universe, in his providence toward our race, to remove from his earthly sphere our friend and fellow stu-

dent, Dr. A. C. Overton, thus severing at once and for ever his ties, connections, sympathies, and affections with earth, its scenes and ceremonies, to mingle with departed spirits; therefore, as a tribute of respect,

Resolved, That whilst we feel a deep sympathy with the friends and relatives of our deceased fellow student; whilst we are called to mourn the loss of one who but a few brief days since was in the vigor of life, buoyant with hope and bright prospects of the future, and with us in the eager pursuit of Truth in the cause of humanity, that we cherish the memory of him thus removed, no longer to mingle in our councils, or participate in our researches.

Resolved, That whilst we tender our sympathies to the friends and relatives of the deceased, we would return our sincere thanks to those our fellow students, (who flinched not in aiding to baffle the disease,) Drs. George Black and R. S. Boyd, for their kindness and attention to the deceased during his illness, proving to him that, although in a land of strangers, and far from his relatives, he was surrounded by friends, to wait at his couch and soothe his dying pillow.

Resolved, that the Faculty of the E. M. Institute, by their tender regard to the welfare and happiness of our fellow students, their willingness on all and every occasion, when solicited, to mitigate and relieve their sufferings, their kind sympathy in our bereavements, have greatly endeared themselves to us, and merit our warmest respect.

Resolved, That a copy of the above be published in the E. M. Journal of Cincinnati.

Resolved, That a copy of the Journal be forwarded to the preceptor of the deceased, and also one to his relatives.

J. C. BATES, *Ch'n.*

S. N. CALDWELL, *Sec'y.*

GOOD'S FAMILY FLORA AND MATERIA MEDICA BOTANICA.

We have carefully perused the Family Flora, which the author, P. P. Good, A. M., of Elizabethtown, New Jersey, has had the kindness to forward to our address. This periodical is issued semi-monthly, but distributed to subscribers quarterly; six numbers being bound together in pamphlet form.

It is devoted to the botanical analysis, and medical properties of both indigenous and foreign medical plants.

Each number is embellished with one very superior engraving of some medical plant, which tends greatly to beautify the work.

For neatness and elegance of style, we know of no pamphlet which exceeds this.

The plates are colored, and true to the living plant, while the natural history, botanical analysis, and chemical and medical properties, together with the adaptation of the agent to the cure of many diseases, are very accurately, and very systematically presented. No similar production with which we are acquainted, surpasses, if indeed it equals this in the accuracy of its botanical descriptions; the description of the therapeutic virtues of many of the articles noticed, possesses equal merit.

The author appears to be familiar with many of the plants not in use as remedial agents in the allopathic school of medicine, but which are in very common use amongst the Eclectic class of physicians. This speaks well for his liberality, and clearly manifests a disposition to keep up with the improvements of the science.

The work is interesting and instructive, and recommends itself to the notice of every reformer in medicine. L. E. J.

SURGERY.—Prof. B. L. HILL is now engaged in the preparation of a work upon *Surgery*, which will contain a full presentation of the science, with the necessary engravings. The price will not exceed three dollars.—B.

MEDICAL BOOKS.—The advertisement of Mr. W. Phillips (publisher of the Journal) is worthy the attention of our readers. Mr. Phillips does business in a systematic and satisfactory way. He charges a moderate and regular per centage on the first cost of his books, and persons at a distance may send to him with the certainty of having their orders filled at reasonable and uniform prices.

THE

ECLECTIC MEDICAL JOURNAL.

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MARCH, 1850.

[No. 3.]

Part 1.---Original Communications.

MEMORIAL TO THE LEGISLATURE OF OHIO.

BY B. L. HILL, M. D.

On behalf of the Faculty of the "Eclectic Medical Institute" of Cincinnati: being a Reply to, and Refutation of the Charges made by Prof. Alexander H. Stevens, of New York, in a Letter to the Speaker of the House of Representatives, February 27, 1849. (Printed by order of the House of Representatives.)

It will be remembered that during the last session of this Legislature, a bill was pending, proposing to grant to the different Medical Colleges and classes in Cincinnati, equality of privileges in respect to the management of patients and clinical instruction in the Commercial Hospital. That appended to the annual report of the Trustees of the township, was a document urging sentiments in opposition to said bill, to which, on behalf of its friends, one of our numbers felt called upon to reply and refute, which was done in form of a memorial, presented on the 9th of February, 1849, in which the memorialist took occasion, by way of reply to the aforesaid document, to refer to the practice of Dr. W. Beach, of New York, in the treatment of cholera in 1832.

It was stated in the memorial, that Dr. Beach, as Physician of the 10th Ward Medical Station in New York, had exhibited successful results, when compared to the results of the Old School practice in that disease, of unparalleled superiority. That Dr.

Alex. H. Stevens, as President of the Board of Health at that time, had failed to give credit to Dr. Beach for success, and to publish to the world the treatment, the facts of which he had been furnished with, by Dr. Beach, in compliance with a written request of Dr. Stevens in his official capacity.

These statements were made in the memorial, as a *fixed fact*, so well authenticated and so public as *not* to admit of disputation or doubt; as they had been before the world for over sixteen years published in volumes, thousands of which were distributed in all parts of our country, and had, up to February 27, 1849, remained undisputed.

But, to the profound astonishment of every one having any knowledge of the facts, a letter, bearing the signature of Alex. H. Stevens, was addressed to the Speaker of the House, read and ordered to be printed by that body, which denied, most unequivocally, all the facts stated relative to the practice of Dr. Beach in cholera, and charging the author with false and fabulous statements.

The following extract from Dr. Stevens' letter to the Speaker, contains all the material statements:

"As I have never, to my knowledge, seen Dr. Beach, or had any intercourse with him, written or verbal, I am quite at a loss for his having selected me as the hero of his fable; for such the tale is, from beginning to end. He never, so far as I know, had charge of any Ward during the cholera—the Physicians of which were appointed verbally by myself. * * * But I repeat, the whole story is a chain of falsehood. * * *"

(Signed,)

ALEX. H. STEVENS,

Pres't. of the Special Medical Council,

(Sometimes called Board of Health,) in the year 1832."

This letter to the Speaker, emanating from so respectable a source—the President of the American Medical Association—denying the facts stated in the memorial relative to Dr. Beach, was calculated to discredit other material statements, and thus to defeat the measure then pending before the Legislature. It was received and privately circulated among the members of that body, before being delivered to the Speaker, just on the eve of the final vote in the Senate on the Hospital bill; and doubtless had an influence in defeating its passage.

Inasmuch as a bill is now pending in this Legislature, granting the right sought to be obtained by the bill of last year, and as the letter of Dr. Stevens may still have its influence, if left undisputed, we beg leave to present testimony for that purpose. The document marked (A.) hereto appended, contains facts published over sixteen years ago, and extensively circulated both in books and periodicals, showing that Dr. Stevens, as President of the "Special Medical Council" of New York, on the 10th of August, 1832, addressed

a circular letter to "Dr. Beach, 10th Ward Medical Station, in which he makes certain inquiries relative to cholera treatment. The reply of Dr. Beach, as *Physician of said Station*, under date of August, 15, 1832, gives full answer to all of Dr. S.'s questions, which answers develop the facts referred to in my memorial.

It also shows that the Aldermen of the different Wards, *and not Dr. Stevens*, as stated in his letter, appointed the Physicians of the different Stations.

Document B, proves that Dr. Stevens and Dr. Beach were well known to each other, and intimate acquaintances, while Dr. Beach was in the practice of medicine, consulting together on frequent occasions, and visiting each others families; and that the fact of Dr. Stevens' knowledge of the position of Dr. B. as Physician of the 10th Ward Medical Station, must have been *clear and distinct*. *Document C*, shows that Alderman John Palmer (and not Dr. Stevens) made the appointments, and that Dr. Beach was appointed to the Station by said Alderman. *Document D*, gives the resolution of the Board of Health, directing the Aldermen of the Wards to make the appointments, and also proves Dr. Beach's appointment. *Document E*, is one of the *original hand-bills*, published by order of the Board of Health, and signed by Messrs. Woodruff, Robertson, and Manderville, "Executive Committee," July 16, 1832, (Sears & Martin, printers,) directing the people to apply to Dr. Beach, Physician of the 10th Ward Station.

Document F is the *sworn statement* of the Physician who was, through the influence of Hon. John P. Hale, delegated by the medical faculty of *Dover, N. H.*, in 1832, to visit New York and investigate the cholera. It proves the same facts as the others.

All the gentlemen whose names are appended to these documents, are men of respectability, and well known in New York; and the Physicians whose names are mentioned, with one exception, are regular graduates of old Colleges, and at this time members of the Medical Society of the city and county of New York.

Any amount of testimony, from thousands of living witnesses, might be obtained to disprove entirely the statements of Dr. Stevens, and to corroborate the statements of Dr. Beach, in reference to his successful treatment of the cholera in 1832.

All who are acquainted with the facts, and with Dr. Stevens, are at a loss to determine how he could have been induced to utter statements so clearly at variance with truth, and so easy of detection, unless, as Dr. Beach charitably suggests, he was at the time in a temporary fit of "*insanity*, to which he has been subject." It was well known by the enemies of medical reform, and of the progress of liberal principles, that Dr. Beach was then absent in Europe, and hence this gross fraud, unparalleled for its affrontery, could be palmed upon the House of Representatives without fear of *immediate* detection; an object was to be accomplished—

the defeat of the Liberal Hospital bill—and “the end justified the means.”

Inasmuch, therefore, as the letter of Dr. Stevens, containing the mis-statements here complained of, was published by order of the House, and widely circulated by the enemies of medical reform and republican equality, we most respectfully ask that this refutation may also be printed by your order, that the antidote may be as extensive and as potent as the virus which it is intended to neutralize.

Most respectfully submitted in behalf of the Faculty.

B. L. HILL.

Columbus, O., February 11, 1850.

(A.)

By virtue of the power and authority in me vested, as Alderman and Warden of Health of the Tenth Ward, I do hereby nominate, constitute, and appoint Wooster Beach, M. D., to visit and take charge of, and to give such medical advice and assistance as may be required, to all persons, inhabitants of the Ward, who may be affected with the prevailing epidemic; and also to call to his aid such assistance from the medical faculty as he may require, and deem necessary and expedient.

JOHN PALMER,
Alderman Tenth Ward, New York.

July 17, 1832.

Volume second* contains an appendix of forty-eight pages. “on the Indian or spasmodic cholera, as it occurred and was treated in the city of New York, in the summer of 1832, at the Tenth Ward Medical Station, under the appointment and sanction of the Board of Health and corporation.” On page 33 we find the following correspondence:

CIRCULAR TO DR. W. BEACH, TENTH WARD MEDICAL STATION. ;

New York, August 10, 1832.

Sir—I beg to ask you what treatment you have found most successful, in the premonitory stage of cholera, say diarrhœa, or uneasiness or pain in the bowels; and whether such treatment has been uniformly successful, and if not, by what circumstances it has been rendered ineffectual? Be pleased also to state what number you have prescribed for, and whether you have seen any case of cholera not preceded by diarrhœa.

In behalf of the Special Medical Council,

ALEX. H. STEVENS, M. D., *Pres't.*

* “American Practice of Medicine.”

ANSWER.

New York, August 15, 1832, }
Tenth Ward Medical Station. }

TO ALEXANDER H. STEVENS, M. D., PRESIDENT OF THE S. M. C.

Sir—I have received a note from the S. M. C. requesting me to answer some interrogations respecting the cholera.

First, “What treatment have you found most successful in the premonitory stage of cholera, say diarrhœa, pain, or uneasiness in the bowels, and whether such treatment has been uniformly successful?”

In answer to this question I have to state, that the treatment pursued at this station has been attended invariably with success.

The following recipe constitutes almost our only remedy for *nausea, vomiting, pain in the bowels, with flatulence and diarrhœa.*

Take of Rhubarb, (*Rhei.*)

Sal Æratus, (*Bi-Carbonas Potassæ, pul.*)

Peppermint plant, (*Mentha Prep. pul.*)

2 Scruples of each—mix.

Add half a pint of boiling water, sweeten with loaf sugar, then add a tablespoonful of best brandy; of this, give to an adult, a tablespoonful every hour, until it acts as a laxative, or moderately, upon the bowels. In the intervals, diluent drinks, such as infusions of *catnip* and *spearmint*, are directed to be taken.

This preparation is sufficient to remove the diarrhœa. Where there is considerable pain, we have found the addition of aromatics attended with additional benefit; to the same composition is added, of cinnamon and cloves, *pul. a. a.* (*Equal parts*), one scruple.

We have found the administration of *diaphoretic* medicine very much to aid in the removal of the disease; bathing the feet, with the use of the drinks above mentioned, are, in general sufficient to produce perspiration.

In neglected and protracted cases of diarrhœa, when the patient has complained of great pain, restlessness, *want of sleep*, &c., ten grains of diaphoretic powders have been directed to be given at bed-time.

The following tincture to be applied over the region of the abdomen:

Take of Capsicum, two tablespoonsful;

Brandy, one pint; simmer a few moments and apply warm, with flannel, and repeat often.

* This answer was given before the epidemic had subsided.

Second interrogation—"What number have you prescribed for?"

In reply to which, I have to state, that the aggregate number has been, up to the present time, since the epidemic, (a period of forty odd days,) *seven hundred and eighty.**

Third interrogation—"Have you seen any case of cholera not preceded by diarrhœa?"

In reply to which, I have to inform, that in a majority of the cases of cholera, and very generally, an attack of the disease has been preceded by diarrhœa, but not invariably so. We have fully and clearly ascertained that some cases have no such premonitory symtoms, but these have been of a very *malignant and fatal* character, and confined principally to the *aged and intemperate*.

In concluding this communication, a sense of duty compels me to state, that much of the success attending our practice must be imputed to the promptness, persevering industry, and indefatigable exertions of our worthy Alderman, Mr. John Palmer, and Mr. John Minuse, the deputy Warden, in visiting from house to house, to obtain the earliest information of every individual laboring under the premonitory symptoms of cholera, and immediately reporting the same to this station, which has often enabled us to arrest the disease in its incipient or forming stage—a measure which cannot be too strongly recommended to our municipal authorities. A sense of duty also constrains me to render a tribute of respect to the medical gentlemen, or assistants, associated with me, for their untiring zeal and laborious exertions, by day and by night, in discharging their duties to the sick.† In conclusion, it may not be irrelevant or unsatisfactory, to add, that the health of the physicians who have attended at our station has not been impaired, notwithstanding their assiduous attention (and oftentimes in the capacity of nurses) to the most distressed and malignant cases,

* A tribute of respect is due to those physicians who were associated with me, during the epidemic, for the hazard they incurred; their zeal, industry and untiring exertions, by day and by night, in visiting, attending, and often nursing patients, laboring under the disease. While many elderly physicians of the Old School fled in dismay from the pestilence, abandoning their former patrons, or patients, these physicians, most of whom were young, remained at their posts, and most faithfully and honorably discharged their duty. A discerning public, it is hoped, will render them that praise and credit, to which they are entitled. And I have deemed it proper to record the names of those who attended at the Tenth Ward Medical Station during the epidemic.

Doctors: J. B. Day, from New Jersey.

Chevers, city of New York.

D. Carpenter, city of New York.

Martin Lewis, State of Maine.

Otman, Vermont.

Warren Alford, North Carolina.

H. D. Sheppard, West New Jersey.

Becher, city of New York, of Old School.

lying in filthy, unventilated, and loathsome apartments and situations. All which is respectfully submitted.

W. BEACH, M. D.,
Physician of the Tenth Ward Medical Station.

(B.)

New York, July 20, 1849.

Dear Sir—Your favor was duly received. As to Dr. Alex. H. Stevens' letter to the Speaker of the House of Representatives of Ohio, the whole affair wears such an aspect that I hardly know what course to take in relation to it. I have sent a person down to his office to demand an explanation. It seems very strange and extraordinary, that any man can be found in New York to deny a fact so well known as my appointment. Is it not a fabrication? Would any man of any character dare be guilty of such a flagrant falsehood as to deny my appointment? It has become a historical fact. Besides, it is stated in his certificate, that he does not know me. The fact is, I purchased my ticket of him, and attended his course of lectures on surgery, during which time he personally requested me to attend one of his patients and cup her. I have met in consultation with him again and again: once in a dislocation of the hip—another, with two or three physicians, in a case of strangulated hernia, in which he performed an operation contrary to my advice, which proved fatal to one of the most admirable women in the city, without giving time to use appropriate means. In relation to this latter case, I, with another physician, called on him personally. Another case of fissure of the anus, we visited alternately together.

Now, in face of all these facts, and more which might be mentioned, such as sending me a very politely written card, to call at his house and take tea with him, could he thus ruin his character and disgrace himself by publishing such a statement? If written by him, it was during one of his fits of insanity, to which he has been subject.

(Signed,)

W. BEACH.

(C.)

TO WHOM THIS MAY CONCERN.

I am acquainted with Dr. W. Beach, and know that in 1832 he was appointed Cholera Physician in the 10th Ward of the city of New York.

John Palmer was Alderman of the Ward, and gave out the appointments. Dr. Belcher and myself were the others who held appointments in this Ward, and are now residents of the same.

Dr. Beach, Dr. Belcher, and myself, are members of the Medical Society of the city and county of New York.

J. S. OATMAN, M. D.,
New York, May 6, 1849. No. 111, Eldridge street.

(D.)

New York, May 10, 1849.

Dr. Morrow—I received yours duly, containing a copy of a letter said to be written by Dr. Stevens, of this city, denying Dr. Beach's appointment to the Medical Station of the 10th Ward of this city, during the cholera of 1832, and requesting me to make inquiry respecting the facts as stated in Dr. Beach's work. I have searched, minutely, all the records of the doings of the corporation, and also of the Board of Health during that period, and there is no record of his appointment, nor, indeed, of that of any other physician to any Medical Station in any Ward. But there is the following resolution of the Board of Health :

"Resolved, That the Aldermen and assistant Aldermen of the various Wards be empowered to appoint such physicians and depots for medicine as they shall judge the wants of their respective Wards may require, where the poor may obtain medicine and medical attendance, and that public notice be given of the same."

Dr. Beach was appointed by Alderman Palmer. The fact of his appointment, and of the streets of the Ward being placarded with hand-bills, directing the poor to apply to Dr. Beach for gratuitous service, signed by the Executive Committee of the Board of Health, is so notorious, that hundreds of old residents could be found who would swear to it.

I have made many attempts to see Dr. Stevens, but have not yet been able to succeed. It is vacation in the College now. I, therefore send you the enclosed testimony of two highly respectable physicians of the Old School, who are, as you will see, well acquainted with the matter. I expect Dr. Beach home in a few weeks, and he will no doubt, write to you on his return, and give you more ample information than I can, as I was not practicing in America at that time. But from the investigation which I have made, I have no more doubt of the correctness of Dr. Beach's published account, than I have of the reality of the cholera itself in 1832.

Yours, very respectfully,
 J. HASSELL, M. D.

(E.)

TENTH WARD MEDICAL STATION.

All persons affected with looseness, or pain in the bowels, or

cramp, are requested to apply immediately to Dr. W. Beach, No. 95, Eldridge street, where they will receive advice and *medicine* free of charge.

DR. W. BEACH.

By order of the Board of Health.

THOMAS T. WOODRUFF,
HENRY P. ROBERTSON, } *Ex. Com.*
WILLIAM MANDEVILLE.

New York, July 16, 1832.

Sears & Martin, Printers, No. 2, Frankfort street.

(F.)

New York, May, 1849.

Dr. Hassell—Having been informed by you that a letter has been received by the Speaker of the House of Representatives of Ohio, purporting to be written by Dr. Stevens, of this city, denying Dr. Wooster Beach having received the appointment from the authorities of the city of New York, as a physician for the 10th Ward of this city, in the time of the cholera in 1832:

I hereby certify that I was delegated by the medical faculty of Dover, N. H., (through the influence of John P. Hale*,) to visit this city to investigate the cholera, and with Alderman Palmer and Dr. Beach, received a ticket to visit all the hospitals in the city. The Board of Health empowered the Aldermen of the different Wards to attend to suffering sick, and appoint the most competent physician to take charge of each Ward. Dr. W. Beach received the appointment from Alderman Palmer for the 10th Ward, called the 10th Ward Medical Station, the duties of which he performed to the satisfaction of all. His appointment took place in my presence. I was a regular graduate, according to law, from the State of Maine. If you wish further reference, address Hon. Gideon Lee, former Mayor of this city, or Dr. Philander.

Yours, respectfully,

JONA. HILL.

Sworn to before me, this 9th day of May, 1849.

F. R. LEE, *Com. of Deeds.*

* J. P. Hale is now United States Senator.

COMMENCEMENT IN COLLEGE HALL.

Exercises of the Eclectic Medical Institute of Cincinnati, at the Public Commencement, held in College Hall, March 6, 1849.

At half-past seven o'clock, the appointed time having arrived, and a large, intelligent audience being in waiting, in the immense hall selected for the public exercises of the Institute, the collegiate procession entered the hall, while the rich and appropriate music of the Newport band greeted their approach, and reverberated through the lofty dome. The procession was led by the PRESIDENT of the Board of Trustees and the Rev. Mr. BARRETT, followed by Professors MORROW and ROSA, HILL and STALLO, JONES, GATCHELL, and BUCHANAN, succeeded by the members of the graduating class. The members of the class dividing, entered by two aisles, and took their appointed seats in front of the large platform occupied by the Faculty.

After the conclusion of the music, the house being called to order by the President, Mr. CALVIN FLETCHER, the exercises were opened by a very appropriate prayer by Rev. B. F. BARRETT, which was followed by suitable music.

The Dean of the Faculty, Prof. T. V. MORROW, then read his report to the President, exhibiting the prosperous condition of the Institute, in the existence of a class of one hundred and seventy matriculants, and the admission of forty-three individuals as qualified for the degree of Doctor of Medicine, whom the Faculty regarded as well qualified by their diligence and attainments.

The names of the successful candidates for graduation were then announced, and the diploma to be conferred was read by Prof. STALLO, in Latin, and also in the English form; and the President, proceeding to confer the degrees, made the following highly appropriate remarks:

The President, Mr. CALVIN FLETCHER, remarked, that he had been a resident of this city for thirty-five years, and had long taken a deep interest in its literary and professional institutions. Though not a professional man, he had also been much connected with those institutions. For many years he had been Secretary of the Medical College of Ohio (Old School). So strong was his interest in medical subjects, that he had even attended a regular course of instruction by all the professors. In scrutinizing very carefully the *matter* of this professional instruction, he had observed that a very large proportion of the professors' lectures was occupied only with the errors of former ages; and the evident advances already made had impressed on his mind the conclusion that there was very

great room for further improvement in the teaching, as well as the practice of medicine. One great obstacle in the way of progress was the influence of authority. Mere names had too great weight both with professors and students. However they might love truth, and seek truth, all the influences acting on them so shackled their minds with old notions, that they could not move freely in search of *new* truth. The practices *regularly* inculcated in the college course—the established text-books, incessantly repeating the same lessons—the routinism of the profession at large, confirming each other in the same views, all *tended* to prevent improvement. Not that regular professors were not honest and laborious, but their peculiar positions seemed to exert a misleading influence. One of those whose instructions he had attended, had given, after his course was through, a series of three lectures on the special subject of mercurial and antimonial medicines—although those articles had occupied so conspicuous a place in the regular course. These *mercurial* lectures strengthened his convictions of the necessity for improvement, and for circumstances that would favor and insure improvement. Calomel, it was shown, could not be given to some patients without injury, nor to others without the risk of injury—could not be borne by some constitutions at all, and by others only under certain conditions—in some diseases where it was relied on, was only admissible in particular *stages* of those diseases, &c., &c. Still such medicines were of indispensable value, and *must* be retained!

At the time he was officially connected with the old college, and carried on an extensive correspondence, when the controversy between the Old School and the New was at its height, and raged much more fiercely than it did at the present time. He was of necessity well acquainted with the subject. He had no doubt the old profession honestly believed they were in the right. He was personally friendly to them. He had no enmity to the old college, for which he had acted. He wished it to flourish and do all the good it could. He did not think that one such institution should be put in antagonism to another. Their relation to each other should be that of friendly emulation. Still, when the New School was established, with a view to greater freedom and more rapid improvement, it had encountered the greatest opposition. Its design was that of a school for the advancement as well as the diffusion of medical science—which should be in opposition to nothing merely because it was either new or old—which should be bound neither to the authority of names nor books—which, while it looked to practice as the end and test of theory, would put down mere “*empiricism*,” and other forms of quackery, by making such *inductions* from the results of practice, that safe *deductions* for practice might be made *from them*, and reason and experience walk hand in hand.

Such a school was called for, and had been established. It had had many difficulties to contend with, and had encountered and *surmounted* them. The very opposition brought to bear against had secured for it the public favor. The public was well aware how great, how *vital* was its interest in the success of the New School. Its aim was, and its ultimate result could only be, a general benefit. Such aims could not now be thwarted, or such results prevented, by those whose opposition was even apparently interested or prejudiced. The audience had heard, in the report of the Faculty to the Trustees, how cheering had been the results already attained. Still in its infancy, the institution had outgrown its elders. In the name of the Trustees, he congratulated the Faculty, the students, and *the public*, on the flourishing condition and prospects of the Eclectic Institute. A particular subject of congratulation, also, appeared to him, with his experience of other schools, in the *correct feeling* which prevailed among all concerned in this, both as it regarded their relations to each other, and to other institutions. There was, he believed, less personality among themselves, and less arrogance fostered in the minds of the students, than was the case elsewhere.

The graduating class before him, he congratulated on the honorable testimony which had been borne in their favor, and on the public and enduring *testimonials* of their successful industry as *students* of medicine, which they were about to receive from his hands. He hoped they would carry with them into the *practice* of medicine the correct feelings and correct knowledge they had acquired. He wished them all *successful* employment. Might the success of their practice be equal to that of their studies, and might they find in *that* beneficent success, the *reward* of those labors of which their diplomas would be the *evidence*.

At the conclusion of this address, the members of the graduating class rose up in their places, and continued standing, while the President in due form, by virtue of the authority of the Board and Faculty, derived from the Legislature of Ohio, conferred upon them the degree of DOCTOR OF MEDICINE, after which, taking their seats, the diploma of each graduate was presented by the President, and delivered by the Marshal, Dr. J. GARRETSON, to the proper recipient, who rose from his seat to receive it. During these exercises, the graduating class were fairly displayed to the audience, and made a fine impression, not only by their numbers, but by their manly and intelligent appearance.

This ceremony being concluded, the imposing music of the band again filled the vast hall for the usual period, suitably preparing the mind for the succeeding exercises.

The President then announced the Valedictory Address from Prof. BUCHANAN. Prof. B. came forward, and was greeted with

heartly applause from the audience, and often, during the course of his remarks, was loudly applauded, as his animated sentiments and impressive delivery elicited the approbation of his hearers. The most profound attention was evinced by the whole audience to every word that he uttered; and although a number present were doubtless a little uncomfortable under the withering exhibitions of Hunkerism, the impression upon all minds seemed to be not only deep, but wholesome.

VALEDICTORY ADDRESS OF PROF. BUCHANAN.

GENTLEMEN:—I regret that my friend, Prof. Gatchell, who was expected to address you on this occasion, has been compelled by the state of his health, which has been injured by his very arduous labors, to forego the delivery of the expected address—a disappointment which we all regret. I could have wished, too, that some other members of our Faculty would have overcome their modesty on this occasion, and given you a few parting words. Our venerable friend, who represents so ably the cause of Homœopathic medicine, who has had so ample an experience in Allopathic practice—longer than most professional lives—and who has since had so ample an experience as a pioneer in Homœopathic medicine, might have been supposed to cherish something of the exclusiveness of party spirit; but as we know that he entertains nobler sentiments, and fraternizes cordially with the liberal, expansive spirit of Eclecticism, which embraces all scientific knowledge in its range, I hoped that he might at least, on this occasion, as his age renders him almost a father among us, have given us his benediction. But as the duty remains to be performed by myself alone, in compliance with your flattering invitation, I now proceed to speak our parting words.

Gentlemen:—You have now received from the authority of the State of Ohio, through the intermediate agency of the Trustees and Faculty of the Eclectic Medical Institute, the documentary evidence of your attainments in study, your qualifications as practitioners, and your right to be recognized as honorable members of the medical profession by all who at present belong to its ranks.

As citizens of the great republic of science, we hail you as brothers, and ever henceforth we shall watch your progress with a lively interest. During the past winter, in consequence of the very arduous and unceasing labors of the Faculty, and the equally arduous responsibilities resting upon yourselves, we have not enjoyed an hour, nor scarcely a moment, of social intercourse; from the morning crowing of the cock to the last flickering of the midnight lamp, there has been an unceasing round of toil—toil—toil—until the drooping eyelid, the wan cheek, and the tremulous hand, demanded

repose. By this laborious discipline, you have been prepared for the solemn responsibilities and fatiguing labors which you are now to undertake. We hope often to see you again under circumstances of less urgency—to meet you in our annual conventions—to receive your reports and essays, and to greet you in social visits.

We part to-night, to meet again under different circumstances—when your knowledge shall have been matured and consolidated by experience—when your constitutions shall have been strengthened by professional labor, and your countenances relieved from their scholastic paleness. We part with mutual esteem and sincere friendship; and in complying with your request to pronounce this valedictory address, I would speak to you as a friend of the career that you are destined to pursue—its duties and labors—its pains and its hopes—its difficulties and its glories.

Many of you will doubtless go forth into regions where you will be the solitary pioneers and standard bearers of medical reform. You will be asked, whence do you come, and what are your principles?

You will be asked, to what party do you belong—to whom do you swear allegiance? You will reply, most emphatically, that you *belong* to no party of men, but belong exclusively to yourselves—that you owe no allegiance to any man, or any party, but only to God, to Truth, and to Humanity!

You will be asked, in accordance with what principles do you practice the medical profession? You will readily reply, in accordance with those principles which have been discovered and demonstrated by the most recent and skilful researches of the ablest cultivators of medical science in Europe and America.

You will be asked then, in what respect do you differ from other educated medical men, who have been graduated in Edinburgh, London, Paris, New York, or Philadelphia? You will reply, that you differ from them as a new edition of a standard scientific work differs from an old edition, published fifty years ago. The difference being that a great number of old errors have been corrected, and a great amount of important knowledge of recent discovery has been added to its pages.

. You will be asked, why is there such a difference, and why are not other medical men, who profess to obtain the best education obtainable, also acquainted with those recent improvements and discoveries which constitute the distinguishing feature of your practice? You will reply, that these improvements and discoveries are as yet entirely unknown in Europe, as they are exclusively of American origin. Consequently, the graduates of European schools are not acquainted with the most advanced condition of the healing art, and the professors of nearly all our colleges, whose education has been derived either directly or indirectly from Europe, who follow implicitly the text books of European authors,

are themselves equally unacquainted with this great American revolution in medical science; consequently, you stand as a distinct class in the medical profession, and the representatives of a new era in science.

You are a distinct class, but not an isolated class: all that is known to the mass of the profession, is known likewise to you. You are not the narrow-minded and bigoted devotees of any exclusive theory or single idea—on the contrary, you have studied boldly and carefully all that is known. Allopathic medicine and Homœopathic medicine are alike familiar to your minds. Europe has laid the broad foundations of your medical knowledge, and America has reared the grand superstructure.

Europe has laid the broad foundations of physiological science, developing the grosser functions of the subordinate organs of the body; America—Western America—has reared the superstructure, developing the higher functions of the nervous system and the brain.

Europe has given us an accurate system of mechanical anatomy of the human body; America has rendered that anatomy subservient to the explanation of the laws of life, the sympathies of all parts of the body with each other, and the wondrous mystery of the connection of the spirit, the soul, and the body. You can say, with pride, that you do know what was entirely unknown to Plato, to Descartes, to Kant, and Locke, and to all the anatomists, from Erasistratus and Galen down to Bichat, Hunter, Cuvier, and Majendie—you do know the special residences of man's spiritual nature in his brain and body—you know the various channels of volition, and the various degrees and modes in which the mind connects with the different portions of the human body—you know its physiological and pathological sympathies—you have traced the mainsprings of life and mind—and fearfully and wonderfully as man is made, he is not to you an impenetrable mystery.

Europe has given us a rude system of surgery. America has the glory of rendering surgery humane and conservative, instead of bold and destructive. America has the honor of having shown that more than half of all the fierce and bloody operations of the surgical amphitheatre, with their mangled limbs, their piteous cries, and the basins of human blood, are entirely needless and unscientific, and that a proper system of constitutional treatment will heal the wounds, cure the diseases, and preserve the limbs of the unfortunate patient, restoring him, with every limb of his body, to health and happiness, while his fellow sufferers, under a different system of surgery, are mangled by the cruel knife and the grating saw, and either die at once, or live as unfortunate cripples. In Parisian hospitals, (according to Prof. Malgaigne) more than one-half of those who lose their limbs by surgery, (57 per cent.) lose their lives also by the operation.

Not only has American surgery suppressed these barbarisms, but America has also the honor of discovering the noble art of robbing surgical operations of all pain. Your surgical patients, gentlemen, will generally escape by your humane skill from the dire necessity of using the knife; but if an operation becomes inevitable, you will then, by the application of the principles of hemostasis, as you have been taught, entirely prevent the possibility of the loss of any material amount of blood; and by the proper, and judicious, and safe use of anesthetic agents, you will render the patient almost or entirely unconscious of pain. Thus has surgery been robbed of its horrors—first, by the labors of medical reformers for the past thirty years, in improving surgical practice; and, secondly, by the discovery of safe and successful anesthetic agents, effected by Mr. Wells of Connecticut, and Mr. Sanders of Cincinnati, one of whom was a practicing dentist, and the other is a chemical professor in an Eclectic Medical College.

After a strenuous opposition from a large portion of the medical profession, European surgeons and their American followers have admitted the practice of anesthesia; but, abandoning the original safe and judicious methods of Wells and Sanders, by means of the nitrous oxide gas, the oxyhydrogen gas, and the sulphuric ether, they have substituted an article called chloroform, the use of which is often attended with serious dangers. In this city, a lady who inhaled that formidable agent, when under the hands of a dentist on Sixth street, died almost instantly in the chair, and a number of similar cases have been published in medical Journals.

Europe, it is true, originated the art of producing the Mesmeric somnolence and insensibility to pain; but this process was applicable only to impressible persons, and has been philosophically understood only in this country. America originated a process applicable, with entire certainty, to the whole human race, by which the most rugged of the sons of toil may be with certainty rendered insensible, and carried through the most painful operations of surgery, entirely unconscious, or perhaps enjoying a pleasant dream. The contrast between American and European surgery is so great, that among the latest items of medical intelligence, I observe that a London surgeon discredits entirely the success of a Western American surgeon in performing the operation of lithotomy, because his most unquestionable success so far surpasses the results obtained in Europe.

If American surgery is thus so far in advance of the European system, is it not probable that, in time, the course of intellectual commerce will be changed—that American students, physicians, and professors, will no longer remain the passive followers of Europe, but will adopt the American system, and that the youth of Europe will even be compelled by the attractions of American science, to visit the shores of this continent, to perfect their medi-

cal education. That such a change will take place, I have no doubt—I can no more doubt it than I could doubt that this country must become the center of wealth—of political, military, and moral power, and sway the destinies of mankind.

In all the details of medical practice, Europe has given us a learned and potent system—potent for good, and equally potent for evil. Upon this foundation we have built. Rejecting no good and sound materials suitable for the American temple of Esculapius, we reject merely those things which have too long dishonored the healing art, and called forth the protests of the best men who have ever adorned the medical profession.

I might quote to you the candid admissions of those who have seen its evils, and some of whom have felt them so deeply that they have expressed a doubt whether the medical profession had been productive of more good or evil to mankind. I might quote the language of Baillie, Forbes, Elliotson, Majendie, Rush, and many others, but it is needless to refer to those familiar facts.

These eminent men deplored the evils of medical practice—evils not inherent in the science, but mere excrescences upon its growth, which might be pruned off with facility; but they did not institute any systematic measures to reform those evils. We, on the contrary, have organized a systematic movement for reform. To do this, we have renounced all allegiance to authority, and that despotic organization of the medical profession, which, by its great societies, aims to ostracise dishonorably every independent inquirer who discards the European doctrines. This American movement of reform, which has now been gathering strength for about thirty years, and is firmly established in our present Eclectic Medical Institute, has the glory of proving, throughout the various climates and diseases of this country, that the practice of general blood-letting is utterly unnecessary, unscientific, and destructive to life. It has also the glory of proving that the murderous ravages of certain poisonous drugs, as arsenic, mercury, antimony, are really unwarantable, and that, by discarding their use, we are able to substitute far better agents.

American Reform has the glory of enlarging the *Materia Medica*, and of teaching the proper use of a large number of medicines, the value of which is almost unknown in the European system of practice. You will carry into your practice, gentlemen, a large number of remedies, the properties of which will be new and utterly surprising to physicians educated in different schools. So entirely unknown, indeed, that I am tempted to mention the fact that recently a considerable number of educated physicians (of the European Old School system) have paid ten dollars each to a traveling vender of nostrums to impart to them, as a great secret, a few of those recipes for medicinal compounds, which you have learned in

the regular course of your studies at the Institute, and which you would impart gratuitously to any member of the profession.

Thus prepared as you are, gentlemen, to demonstrate to any intelligent physician or citizen your superior knowledge of the healing art, you will have no difficulty in showing how you stand related to other members of the profession. You will compare with the votaries of the European system as the present generation compares with the last. As the moderns are more enlightened than the ancients, having added to the old stock of knowledge, so you, having possessed yourselves of the European systems of medicines—both Homœopathic and Allopathic—and having added thereto the discoveries and improvements of American intellect, may proudly challenge a comparison of skill and of knowledge.

Thousands of intelligent men, weary of old abuses, will welcome you to the field of your benevolent labors. But, most unfortunately, the medical profession has been not so much a mission of benevolence, as a mode of earning a livelihood—a trade, governed by all the mercenary calculations and petty jealousies of commercial traffic. You will, therefore, occasionally find physicians, actuated by hostile sentiments, who will misrepresent and slander; for such things have occurred, and may occur again.

They will, in the first instance, pronounce you a quack. You will exhibit your diploma, and ask them to read it; but perhaps they will still doubt if you are as thoroughly educated as it implies. If, then, you ask them, what are the principles and applications of hemostasis?—what is the embryonic formation of the brain?—the origin or functions of the trochlearis nerve? or similar critical questions, you may vindicate your scholarship.

They will secondly aver, that you are a mere follower of the Thomsonian system, or, in other words, a steam doctor. You will inform them that Thomson and his immediate followers were, from the first, the most bitter and decided opponents of the American Eclectic system of medical reform, and so continue to the present day.

They will thirdly affirm, that you are a mere root and herb doctor, and know nothing about mineral remedies. You will then challenge them to name a single mineral remedy with which you are not well acquainted, and you will retort the charge of ignorance, by showing many valuable applications of minerals, especially alkalies, with which they are unacquainted. You will then kindly offer them a number of the most valuable articles in your *materia medica*, of which they know neither the names nor the uses. If then they are honest, sincere men, you may find them becoming docile pupils, eager to be enumerated among your friends, and may convert them from the error of their ways. Perhaps they will even desire themselves to attend this Eclectic Medical Institute, and thus complete their education.

Many kind, honest persons, however, will ask, in perfect sincerity, why it is, if the American Eclectic system possesses so great a superiority, that it is not at once adopted throughout the land? Such questions will be asked by the very best of people—good, honest souls, who are quite unacquainted with the evil ways of this wicked world.

For this there are two reasons—first, a systematic and slanderous opposition; and second, the resistance which conservatism always opposes to improvements, which is greater in proportion to their importance.

The National Medical Association, and all minor societies of the medical profession, entirely exclude from fellowship and from professional courtesy any physician, however learned, benevolent, distinguished, or noble his character, who opposes their standard doctrines, or who openly and publicly deviates therefrom in his practice. Not only is the liberal, independent physician thus ostracised, but a resolution was adopted declaring that no such independent physician (not following the regular rules) should be allowed even to send a pupil to a medical college. These resolutions, being backed by the whole force of the colleges, journals, and societies, we thus perceive that the whole Old School medical profession, so far as it is organized at all, is organized into a machine for the abolition of mental freedom and suppression of new ideas. The spirit that prevails is what aristocrats call professional dignity and stability—what plain republicans call Hunkerism.

Acting upon these principles, the liberals have been ostracised everywhere. When I publicly avowed my sentiments in respect to medical science, a distinguished medical professor, who had known me from boyhood, informed me that he had been a friend before, but that he must thenceforth renounce all friendly relations.

Medical journals and medical schools are closed against these new truths. The professors suppress all facts and statistics—medical journals do the same; and both labor to impress the students of medicine with a degree of hatred and contempt which will prevent their ever seeking correct information. Not only are facts from liberal, independent sources thus suppressed, but the honest impulses of candid minds, among even the most distinguished of the profession, are frowned upon and crushed by their associates. One of the most brilliant, learned, and venerable men of the profession, himself the founder of the most flourishing medical college of the west, having entertained more liberal and expansive views than his colleagues, was refused permission to publish his views in the medical journal which was the organ of the school, which was edited by one of his own *protéges*, and to which he had been for many years an important contributor.

The audacity of medical Hunkerism goes even further than this. The most public and notorious facts are denied or suppressed.

When, for example, the Eclectic practice in cholera in Cincinnati cured more than ninety-five patients of every hundred, the medical journals everywhere suppressed the fact. When the Homœopathic practice lost but little more than three per cent., the facts were carefully suppressed and concealed from their readers. When the Eclectic practice in the city of New York, under the authority of the city, met with the same success as in this city, the facts were suppressed by Prof. Stevens, to whom they were reported. Not only were they suppressed at that time, but when the Legislature of Ohio was about to pass a bill to equalize the privileges of medical men and medical colleges in the Commercial Hospital of this city, this same Prof. Stevens was induced to write a letter denouncing the whole authentic history of the treatment of cholera in New York by Dr. Beach and others, as a fable and falsehood. Dr. Beach was at that time in Europe, but has since returned. The subject has been laid before the Legislature this winter; and here are the authentic documents published by the Legislature of Ohio, proving the whole—the official appointment of Dr. Beach; his correspondence with Dr. Stevens; his successful cholera practice upon near a thousand cholera patients; the names of his colleagues at the Tenth Ward Medical Station, and the extensive publicity of the whole transaction for the last fifteen or eighteen years—thus proving that the President of the National Medical Association, for the purpose of maintaining his party and injuring the cause of justice, has been guilty of one of the most flagrant impositions ever palmed upon a legislative body in an enlightened country.

The organ of the Ohio Medical College of this city, the *Western Lancet*, which published the original slander, knowing it to be false (for the official accounts were then published), has never yet retracted, nor will it ever retract, that slander. I might produce an array of other slanders, but I will not on this occasion stoop to the repulsive task. *Ex uno disce omnes.*

The medical profession and the public at large, have been industriously deceived by journals and professors. The fact is ever suppressed, that there are four or five thousand physicians in the United States, who have discarded the old mercurial, antimonial, blood-letting system of Allopathy, and that they comprise in their ranks, a large amount of skill, of knowledge, and of worth. The progress of medical reform is concealed—the name of the Eclectic Medical Institute and the number of its students, are not to be found anywhere in Old School statistics of colleges. One of the oldest and most learned men of the profession (an old acquaintance, Prof. Drake) I understand, in giving a list of medical colleges in the west, in his introductory lecture, could barely recollect or discover over the whole horizon and to the utmost verge of his professional knowledge, *one medical college in this city.* Permit me,

therefore, to inform the venerable professor, if he is present, that the Eclectic Medical Institute is still in existence, and attracts by far the largest medical class in the Queen City of the West. Permit me, also, to add, for the sake of comparison, that the Ohio Medical College, endowed by the State and sustained by the talents of Prof. Drake, attracted during the first three years of its existence a number of medical students amounting altogether to seventy-three, and that the Eclectic Medical Institute, without any patronage from the State, attracted during the first three years of its existence a number of students amounting to four hundred and twenty-eight, or about six times the number. Permit me, also, to state, that the Ohio Medical College, during the thirtieth year of its existence, i. e. during the past winter, sustained by the same active, untiring mind which originally brought it into existence, has had, or claims to have had, a matriculation of one hundred and thirty-six students, while the Eclectic Medical Institute, in the fifth year of its existence, has had a matriculation of one hundred and seventy students. At the same time, the Transylvania Medical School of Lexington, once the glory of the West, where Mercury was the presiding god, and calomel was given in teaspoonful doses, has attracted, according to the newspapers, but fifty-four paying students.

All such facts, gentlemen, and others relating to medical progress, you must be prepared to substantiate by proper documents; for when the public teachers and leaders of any party set the example of mendacity, they will not lack for imitators who will controvert all the records of history.

Let us now leave the foul and murky atmosphere of medical partyism. You, gentlemen, will breathe a purer moral atmosphere. You are going forth armed with truth and kindness—with science and unshrinking moral courage. You go forth to drive back the hosts of Disease and Death. You go forth to grand but bloodless triumphs. It will be your duty, like soldiers of Humanity, when the Destroyer comes, to rush into the breach and drive him back. It will be yours to stand firm when the pale city trembles at the footsteps of Death, and tell your dismayed and flying fellow citizens that you possess the power and the knowledge which will snatch the victim from the borders of the grave—that when the pulseless collapse of cholera comes, and the pale, cadaverous countenance shows the dread shadow of impending death, then will it be your duty and your glory to reanimate that dying form, and bring back the pale victim to the embraces of his friends. It will be yours, like a guardian angel, to diffuse hope and peace and security around you, and to carry into every community where you may go, the benignant influence of American medical science—it will be yours to diffuse the calm security which arises from incontrovertible facts. You will be able to assure your friends, that during

the prevalence of the terrible cholera epidemic in Cincinnati, when Old School physicians acknowledged a loss of about one-half of their cases, that three thousand nine hundred and ten cases, which were reported by Eclectic and Homœopathic physicians, were accompanied by a loss of only one hundred and fifty cases, or one in twenty-six—a little less than four per cent. You will point, too, to the success of the city cholera hospital, under Eclectic treatment, and the twenty cases of patients in pulseless collapse who were restored to life.

You will be able to assure them, too, that a large number of the diseases usually regarded as extremely dangerous, have but little danger when rightly treated. We have taken some pains to ascertain the usual results of practice; and although I knew before, the superiority of the Eclectic system, I was astonished as well as gratified by the results attending this inquiry. The reports of nine thousand nine hundred and thirty-one cases treated by Eclectic practitioners in Ohio, Indiana, and Illinois, exhibit a mortality of but eighty-six, being in the ratio of one death to every one hundred and fifteen cases, or less than one per cent.

Few have any idea of the immense number of lives which are saved by a beneficent medical system. Let us, therefore, calculate the amount of human life which has already been saved by the agency of the Eclectic Medical Institute, even in the infancy of this great enterprise.

If we assume that every physician engaged in active practice attends at least five hundred patients per annum, the estimate will be but moderate. Of these five hundred, the mortality, at the usual rates of Eclectic practice, will be about five or less. If then we would ascertain the amount of benefit to human life and happiness arising from the labors of each Eclectic practitioner, we should calculate the probable amount of death among the same number of patients under Old School practice. If we take as a fair specimen of Old School practice the treatment of disease by the Ohio Medical College in the Commercial Hospital, we find the mortality to be, in 1848, more than one-sixth of all under treatment, one to 5.97 patients, and in 1849 one to 5.67—in other words, a ratio of 16.8 per cent. in 1848, and 17.6 per cent. in 1849.

The contrast between less than one per cent. of deaths in Eclectic practice and seventeen per cent. in the hospital, exhibits a ratio of almost twenty to one.

But as these cases are not perfectly parallel, let us take another case where the advantage is on the other side. In the treatment of cholera in this city, the average mortality of Eclectic and Homœopathic practice is under four per cent., including the most fatal period of the disease. On the other hand, the most favorable results of Allopathic practice, exhibited by the reports of Old

School physicians to the Board of Health, at the commencement of the epidemic, exhibit a mortality of twenty-six per cent., or more than six times the mortality of the liberal systems of medicine.

Again: the average amount of mortality in the hospitals of Europe is from nine to ten per cent., while the average amount of mortality in European Homœopathic hospitals is from four to five per cent.—a disproportion of two to one under similar circumstances. The mortality of European hospitals, compared with the mortality of American Eclectic practice, exhibits a disproportion of *ten to one*; and in comparing the treatment of cholera in Parisian hospitals with its treatment in our Cincinnati cholera hospital, we find the mortality of the former sixty two and a half per cent., the latter twenty-three and a half, during the same season, in the treatment of the same disease.

Such being the facts—there being in one case a disproportion of two or three to one, in others a disproportion of six to one and ten to one, and in another of nearly twenty to one in the mortality—we may thereby be warranted in assuming that the usual difference of mortality in private practice would exhibit a disproportion of two to one; and that if the Eclectic practitioner loses annually five cases out of five hundred, the Old School practitioner, under similar circumstances, would have lost ten. At least, it is certain, according to their own reports, that the Old School hospital practice would, out of the five hundred patients, have lost, *not five, but eighty-five*.

Thus we arrive at the conclusion, that every Eclectic practitioner in active practice saves annually at least *five* lives which would have been lost by the Old School system.

Now, in the past five years, since the establishment of the Eclectic Medical Institute, we have graduated about *two hundred* physicians. This number, engaged in practice, would treat annually at least one hundred thousand patients, of whom they would save at least one thousand who would have lost their lives but for the agency of the Eclectic system.

If, then, we are now instrumental in saving every year a thousand lives, is not this worth more than all the glory of all the merely military heroes whom our country has produced? These are our peaceful triumphs; and still the tide of beneficence swells higher each year, as the armies of peace are swelled by new recruits, and through their agency millions are added to the health and wealth and happiness of the nation—not merely by the salvation of life, but by the sound health of those who are effectually relieved from disease, free from mercurial poisoning, and the lingering torments of a bloodless and broken down constitution.

The Eclectic Medical Institute has already reared for itself a monument more lasting than brass and marble—a monument composed of living men and women. At the lowest calculation, there

are at least five hundred men and women in this city, who would have perished during the late cholera epidemic, but for the assistance of Eclectic medicine. About two thousand cholera patients underwent Eclectic practice, and I presume no one will deny that of that number, at least six or seven hundred would have died under the most skilful mercurial practice, whereas the number who died was much less than one hundred. Of these five hundred men and women who constitute the undying monument of Eclectic medicine, I might point out your valued citizens from the halls of legislation and of justice, down to the humblest walks of life—a number of whom I trust are present here this night.

You, gentlemen, in like manner, will build yourselves monuments of living flesh and blood—they shall bless and honor your name, and their children's children, through endless ages, shall owe you a lasting debt of gratitude. Ay, you have already begun—you have already known the proud satisfaction of the worthy physician, who has saved his fellow beings from impending death. I recognize, and I am tempted to name those before me who have already done themselves honor as practitioners of the true healing art; but I must desist, for I should be required to name the greater portion of this large assembly of graduates.

Go on, gentlemen, as you have begun—build up your living monuments by the salvation of life. Those monuments of your good deeds shall outlast the Egyptian pyramids; for man, immortal man, shall endure longer than the soulless stone; and your monuments of life shall tower higher than those pyramids, and give you a better fame, for they shall rise up to the courts of heaven, and bear the record of your good deeds through the realms of eternity, in sight of God, and angels, and mankind.

With such an end before you, I trust you will not be discouraged, or even provoked, if men refuse to do homage to truth, and to honor properly the Medical Reform. Be not disturbed if they slander you, as they have slandered every benefactor of mankind. You are now fairly prepared to follow the examples of the most illustrious of good men. As Harvey, Jenner, and Gall peacefully pursued their sublime vocations to bless and enlighten mankind, while learned colleges and royal societies frowned upon them, so will you labor for the health, prosperity, and enlightenment of your beloved country, while thirty-seven medical colleges, and about as many medical journals, and innumerable societies ring with denunciations of your philanthropic labors.

Wm. Harvey and Christopher Columbus toiled on with unswerving fidelity to the great truths which possessed them, while multitudes scoffed at them, and the great mob of well-dressed gentlemen who conceived themselves the very standards of respectability, the oracles of learning and established truth, rose up like an army across their path. But mark the issue of the conflict. Wm.

Harvey, with truth in his soul, has conquered all that mighty array of powerful, wealthy, and learned men, and if his opponents are remembered at all, it is merely because they come down to our times hanging on to the extremest skirts of his triumphal robe.

Christopher Columbus has triumphed over all the proud learning and wisdom of his day; and when we desire to know who were the great men—the learned men—the respectable men—the powerful men, who looked down upon the poor Genoese mariner with scorn, we must dig down deep amid the dust and ashes of oblivion, where they are buried with all their pride, and pomp, and power.

You, gentlemen, are about to engage in a similar contest. You know that you possess the truth—you know that you are bearing forth blessings to mankind, not inferior to any that I have named. If Harvey brought to light the functions of the heart, you are acquainted also with the functions of the brain—if Jenner brought forth the antidote to small pox, you carry forth also the antidotes to cholera.

Bearing as you do these and other great blessings to mankind, what is it to you that colleges, journals, and societies fulminate their loud thunders over your heads? What is it to you that combinations are formed to put down, and that a vast array of very wealthy and learned and respectable influence rises up against you? You live in a land of freedom, where the triumph of truth is not only certain, but speedy; and you will rise up over all such influences—you will scatter them before you—you will see them going as

*"The mist on the mountain, the foam on the river,
Which gleam but a moment and vanish for ever."*

The period of conflict will be but a moment in the history of a nation, yet it may be a life-time to you and me. The greatest absurdities and most soul-harrowing barbarities have heretofore required an age to abolish them. It is but little more than a hundred years since people were legally murdered for witchcraft; and there are still intelligent men—ay, in this city—who are believers in witches. [A prominent divine, about four years since, preached a sermon against witchcraft in Cincinnati, in which he avowed his belief that Mesmeric operations were witchcraft and of diabolical origin.]

About three hundred years ago, surgeons, after amputating a limb, controlled the hemorrhage by putting on boiling pitch, or by burning the part with red hot irons. It was a horrible scene then in which the surgeon figured. Ambrose Pare proposed simply to tie the arteries, instead of burning the poor patient. The College of Physicians of Paris denounced him, and endeavored to suppress the dissemination of his improvement by the authority of Parliament. They could not put it down, but they kept up the dignity of the profession; for many of the orthodox surgeons of those

days continued for nearly a hundred years longer to burn their patients, instead of tying the arteries.

So at the present time, the Eclectic treatment of cholera was demonstrated in New York, in 1832, to be capable of saving almost every patient who was attended to in time, without a grain of calomel. The facts were suppressed by Dr. Stevens, who stood at the head of his profession, and have never been made known to Old School practitioners. At the same time that this demonstration was given, the cholera raged in Lexington, Ky., then the center of medical education in the West. One of my friends, a young man of genius and eloquence, who might now have been shedding the light of his mind upon our country, was attacked by the disease; he was attended by the leading medical teacher—a teacher of the ultra mercurial practice, whose influence has passed over the Southwest like the Samiel wind of the desert, blighting and withering where it passed. From him my friend received, in the treatment of his disease, *a pound and a half of calomel*, and he is now where the tombstone alone reveals his premature end.

Practical demonstration of the falsehood of these terrible medical delusions, avails but little. Dr. Hawthorne, in England, although a votary of the old mercurial system of practice, discarded and denounced the use of calomel and the lancet in cholera, and was rewarded by a success similar to that of the American Eclectic practice. Yet his success has not impressed the medical profession generally.

Now, although it is nearly twenty years since it was proved that nearly all cholera cases may be cured by proper means, and that calomel and the lancet are positively pernicious, still in our late pestilence, calomel and the lancet were used in this city, and with a fearful fatality this stereotyped mercurial practice was followed throughout this country; and while upward of four thousand were saved here by Eclectic and Homœopathic practice, the people of the East Indies were at the same time suffering under the epidemic so severely, that in some places men could not be found to bury the dead. Two or three thousand perished daily at Siam, whose corpses were either burned in piles or left to putrefy on the ground. These horrors will be checked in the course of time. I predict, that when a sufficient number of young men have studied the Eclectic and Homœopathic systems, to carry their blessings through the country, the ravages of cholera will no longer have power to paralyze the commercial business of the country, and spread mourning and desolation through the land.

These barbarisms will not be entirely abolished in our day, gentlemen. You will have them before you as constant incentives to do your duty manfully. I trust you will—I know you will. You will remember that you belong to the “vanguard of the army.” You will remember that you are participators in this great

movement, which is American in its origin, and which possesses the expansive freedom of the American mind—which is as grand in its aims as our own vast rivers, cataracts, and mountains—as fresh and original as our own primeval forests.

You will remember that you are engaging in this grand enterprise now in the very infancy of our country, when you can exert an important influence in moulding its destiny.

You will remember that the time is near at hand for America to assert her pre-eminence among nations, and for American mind—American science, to take their leading rank.

You will then move on with a calm and sublime enthusiasm, bearing in mind your high and holy calling, and the grand panorama in which you are called to perform your parts in the drama of life—bearing in mind that in your professional labors, you are building yourselves monuments of life or monuments of death—preparing for yourselves everlasting shame and remorse, or joy and honor, derived from the rescued lives of families preserved from ruin and death.

And now we must part, each to pursue his own career of arduous and life-long labor. I know you have toils and trials before you, but you have also your glories and triumphs. God bless you all. Farewell—farewell, until we meet again, with clear consciences and with lives adorned with honorable deeds.

SENTIMENTS OF THE CLASS TOWARD THE FACULTY.

ECLECTIC MEDICAL INSTITUTE, March 2, 1850.

THE members of the *E. M. Class* convened at the appointed hour—Mr. *S. N. Caldwell* was called to the chair, and *A. D. Skellenger*, appointed Secretary.

The Rev. *J. Dalby* briefly and eloquently stated the object of the meeting, expressing his own feelings of respect, friendship, and gratitude for the entire Faculty, and though himself an Eclectic, he especially cherished profound gratitude toward Prof. *S. Rosa* and the science of Homœopathy, and suggested the propriety of manifesting publicly the sentiments of cordiality entertained by each member of the class.

Upon motion, it was

Resolved, That a committee of five be appointed to draft the expression of the class on the occasion.

Whereupon the Chair appointed Messrs. *Bates, Dalby, Hatch, Taffe, and Vansandt*, who, after a short consultation, reported the following preamble and resolutions, which, upon due consideration, were unitedly adopted.

And on motion, it was unanimously

Resolved, That a copy of the report be presented to the *Dean* of the *Faculty*; and also that the Secretary report the proceedings to the Editors of the "*Eclectic Medical Journal*," for publication.

S. N. CALDWELL, *Ch'n.*

A. D. SKELLENGER, *Sec'y.*

COMMITTEE'S REPORT.

In consideration of the faithful performance of the several duties of the Professors of the E. M. Institute, the members of the class convened for expression of respect, gratitude, and friendship to those *veterans of Medical Reform*, who regard not the censure of the combined phalanx of organization, nor fear an excommunication from those surrounded by legal immunities; but who, being actuated by more lofty motives, place not their responsibility merely in man, but to the philanthropic cause of *Humanity* and to *God*, have left the iron fetters of *Hunkerism*, and are sounding long and loudly the trump of Liberal Principles and Humanity: Therefore, be it

Resolved, That the members of the Faculty of the *E. M. Institute*, by their unwearied exertions for the promotion of Truth—their kindness and attention—the affability and politeness which have associated in every act toward the class—the unbounded spirit of friendship manifested on every occasion, have endeared themselves to us by the strongest ties of friendship and respect.

Resolved, That while the major part of the class are numbered with Eclectics, yet they feel bound, by the true spirit of *Eclecticism*, to return their warmest thanks, gratitude, and esteem, to the incumbent of the Chair, who so kindly, with becoming dignity, expounded the principles and practice of Homœopathy, notwithstanding the many embarrassments appendaged thereunto.

Resolved, That Professors Rosa and Gatchell, by their assiduity for our improvement, their kindness and gentlemanly deportment, combined with their suavity and magnanimity, have *merited*, and *now receive*, an expression of our highest esteem.

J. C. BATES,	} <i>Committee.</i>
J. DALBY,	
B. F. HATCH,	
J. TAFFE,	
N. L. VANSANDT.	

NEUROLOGY.

At the close of Prof. J. R. Buchanan's course of Neurological Lectures, a meeting of his class was called; and, having convened at the Hall of the Eclectic Medical Institute, on February 13th, Mr. Henry A. Warriner was appointed Chairman, and Mr. James W. Lusk Secretary.

The object of the meeting being expressed, on motion it was *Resolved*, That the Chair appoint a committee of five, to make a report and frame resolutions expressive of the sentiments of the class in regard to the Neurological Lectures, as recently delivered to them by Dr. Buchanan.

Messrs. A. D. Skellenger, D. H. Beckwith, J. Flattery, E. R. Tuller, and Z. Hollingsworth, were selected by the Chair for the purpose, and in due season submitted the following address and resolutions, which were unanimously adopted:

ADDRESS.

Neurology, the term selected by Dr. Buchanan to embrace the mass of science which he teaches, has been used by physiological writers to designate the science of the nervous system. But, through his unwearied labors, it has come to embrace the whole nature of man, and the elements of universal philosophy.

He has demonstrated that in the nervous system are found the causes of all psychological and physiological manifestations—of all the varied display of intellection and emotion—of all the forces which regulate and control circulation and nutrition, secretion and excretion. In this system are included, also, not only the relations of nervous matter to mind and body, but the relations of mind and body to the universe.

The details of such a science can only be adverted to, not discussed, in a brief address. Developing, as it does, the actions and reactions of mind and body, in health and disease, unfolding the causes of all physiological phenomena, it cannot be too highly estimated by the physician. This science alone can afford a perfect basis for pathology and materia medica. To the friend of education, it presents the means of rendering mental and physical training harmonious to the nature of man—to the student of society and government, those eternal principles on which alone the social and political structures can permanently rest. The cultivator of the fine arts, the rhetorician, the painter, the sculptor, the poet, will all derive important aids, in their criticisms and creations, from this universal science. The student of Phrenology and the admirer of Mesmerism, will both find their favorite systems elucidated: the errors of the former exploded, and its foundations

enlarged—the delusions of the latter dispelled, and its truths referred to their true principles. In fine, no man, who loves the true, the useful—none, who admire the grand and profound, who aspire to the noble and elevated, but will find in this development of Neurology an ample sphere for searching thought, for gratified curiosity, and pure delight.

Deeply impressed, therefore, with the importance of Neurology, we would commend it to the readers of the Journal, and to the friends of truth and progress everywhere, as the only true science of Anthropology—as the only solution and exponent of the mysterious union between spirit and body—as the only index to the innumerable powers and susceptibilities thence resulting.

Anatomical structure may afford abundant evidence of Divine skill and wisdom in the adaptation of its complicated mechanism to known uses; but it does not of itself reveal to the most critical and accurate dissection the functions of its varied organs. Vivisections may torture the subject, and by its extensive lesions produce complicated actions which the operator cannot explain, but it can add little to the sum of accurate and useful knowledge. Mesmeric operators may astonish themselves and others by phenomena which they cannot explain. In Dr. Buchanan's system we find not only the philosophy of their experiments, but the means through the nervaura of greatly transcending in wonder, dignity, and practical importance, all Mesmeric results. Cranioscopy may develop valuable facts and principles relative to man; but it is necessary that Neurology should, by its direct and delicate experiments, its philosophical system of physiognomy, and its exposition of the relations between brain and body, lend its matchless aid to completing and establishing the science of man in all its various departments.

While, therefore, we gratefully accord distinguished honor to the labors of Gall and his coadjutors, we do at the same time regard the contributions which have been made to Anthropology by Dr. Buchanan, as far exceeding those of his predecessors. Direct experiments, after the Neurological method, on the uninjured brain of the waking, conscious subject, compelling a display of its powers, can alone develop fully the functions of this noblest organ. By this means, facts in physiology, apparently discordant, are readily harmonized, and laws previously unknown are clearly exhibited.

We have alluded to the practical nature of the principles thus ascertained. A single illustration of their therapeutical value will suffice. The brain is made up of antagonistic organs and functions. These antagonistic organs have corresponding antagonistic regions of the body, and disease of any region may be alleviated by proper impressions upon its antagonist.

Many of us, at the commencement of this series of lectures,

were skeptical as to the impressibility of the subject in the waking state; but we take pleasure in announcing that the remotest doubt is now dispelled. We have seen the subject deprived of muscular power—we have witnessed a great increase of his strength—we have seen any faculty of the mind heightened or subdued at pleasure. By excitement of appropriate regions of the brain, the subject has been convinced of the presence of spiritual beings—of heavenly messengers; he has been made to believe that he saw, heard, became, whatever he was told. We have personally performed many of the experiments set forth in the *Journal of Man*; and can testify, as can many in this city, who have witnessed our experiments in private circles, that the half has not yet been published to the world. Therefore,

Resolved, That since the *Journal of Man* is the only publication devoted to a true and comprehensive anthropology, we do most heartily recommend it to those of every class and profession who are the friends of this transcendent science.

Resolved, That since the Eclectic Medical Institute is the only institution in which this science is taught, we do most earnestly recommend to the young men of our country attendance upon the lectures of this Institute, that they may become fully instructed in its profoundest principles.

Resolved, In conclusion, that we render to Dr. Buchanan our unfeigned thanks for his indefatigable labors to promote medical and moral science, to elevate, refine, and liberalize his fellow man, and express our sincere wishes that he may enjoy health, happiness, and a long life of useful labor, trusting that Americans will not prove insensible to the grandest and most brilliant discoveries that have ever illuminated the human mind, or ungenerous toward their distinguished author.

H. A. WARRINER, *Ch'n.*

J. W. Lusk, *Sec'y.*

A. D. SKELLENGER,	} <i>Committee.</i>
D. H. BECKWITH,	
J. FLATTERY,	
E. R. TULLER,	
Z. HOLLINGSWORTH.	

A NEW WORK ON SURGERY.

WE are happy in being able to inform our readers that Prof. HILL, of the *Eclectic Medical Institute*, has nearly completed a work on the *practice of surgery*, as well as operative surgery. It will embody all the improvements in the healing art, up to the present time. We are informed that the work will be a full, but

concise *practical* treatise, embracing all the surgical diseases and operations, in a volume of about five hundred large octavo pages, illustrated with a sufficient number of plates. It will be arranged both as a text book for students, and a guide for every-day reference in practice. It is not so voluminous as to be inconvenient, while it treats upon all the subjects with such minuteness of detail as cannot fail to render it a most valuable assistant and guide to the practitioner and student.

As there will necessarily be much in it which has not heretofore been found in our surgical authors, and as many *formula* for compounds recommended will not be found in the books now in use, they will be published in this. A systematic work on the practice of surgery, as pursued by Eclectics, has long been wanting, as the improvements in that branch are more striking and peculiar than in any other; and we rejoice that one so competent, both by his minute knowledge of anatomy and practical skill in surgery, as Prof. Hill, has undertaken it, and has so nearly accomplished the task. Prof. H. has for several years past been collecting facts and materials, from all available sources, for the work, and now hopes to present it as early as the first of June next.

We hope our friends will embrace the earliest opportunity to procure copies of the work as soon as it is out. As it must necessarily involve a large expense, we hope a rapid sale of a work so much needed, filling, as it does, a vacuum in our medical literature, will soon reimburse to the Doctor the large expenditure, if not render him some reward for his arduous labors.

To get up a *new* work on surgery, embracing as it will so much that is entirely new to the great mass of the profession, and much that is quite peculiar to himself and Prof. Morrow, (whose extensive experience, as well as that of many other able practitioners, the author is favored with,) must of necessity involve great labors. Far different is it with those who compile from, or merely republish European works. But, notwithstanding the extraordinary labor and expense, we are informed that Dr. Hill designs putting the price no higher than that of Old School works of the same size. It will probably come at about three dollars—though, in order to get some aid in paying the expense of publishing, the Doctor proposes to make liberal discounts to all who will advance the money for copies of the work.

T. M. L.

ECLECTIC PRACTICE.

DEAR SIR:—In compliance with the recommendation of the Eclectic Medical Association, I have kept a regular list of cases treated by me during the year 1849, which you may publish or not, as you think best.

I have now been practicing medicine for eighteen years; and although I think I learn something every year, still if I could give a correct list of cases for the last ten or twelve years, I think it would not exhibit a greater mortality in proportion to the number treated than does this report.

I was not a little disappointed in not being able to attend the Convention. I long to see and shake by the hand my old friends and fellow laborers in the great and glorious cause of Medical Reform. I am, however, much gratified in hearing from you the assurance of your prosperity, and that you have a full and respectable class. I feel more and more confident that our cause will yet triumph, the efforts of Old Hunkerism to the contrary notwithstanding.

I hope you will be a little particular in selecting materials to build up and extend our cause throughout the community. We want men of firmness as well as intelligence—not only well qualified, but confident in their abilities. These milk and water young men are not the ones to stem the tide of opposition that will most assuredly meet them on their first commencement in the practice of medicine. Physicians of the Old School are not half so violent in their opposition as they were ten or fifteen years ago, and Eclectics are being multiplied throughout the country. Our principles are more generally known and appreciated; yet there are some that are so fearful of opposition, or of their own abilities, that they dare not stand straight, but are constantly wavering, and unsettled.

When I commenced practice, general blood-letting was resorted to much more frequently than at present: indeed, there are a great many Allopaths that do not think of resorting to it now, in cases where it was the *sine qua non* with them then. At that time, in cases of pleurisy and inflammation of the lungs, not only every physician, but every old woman, thought that the first and most necessary thing to be done, was to let blood. Therefore, in difficult cases, I had recourse to it, knowing that if they should die, I should have to bear the blame. I soon found, however, that it was not only unnecessary, but actually injurious. I therefore abandoned it entirely. I will farther state, that I have never lost a case of inflammation of the lungs or of pleurisy, since I commenced practice, (and I have had a great share of them,) and have not had recourse to blood-letting, either general or local, for the last ten years at least, in either of these complaints.

But to the report: From January 1, 1849, to January 1, 1850, I treated in all six hundred and ninety-three cases. Of these, there died, six. Of these, three were cases of consumption, who had been tampering with patent medicines or Allopathic physicians, or both, until they were far advanced before I was called. One was an old lady, with erysipelas; one, a case of croup, so far

gone when I got there that he lived but a few minutes; the other was a small and weakly child, with measles.

J. BEEMAN.

Birmingham, January 1, 1850.

N. B. In looking over my letter, I thought perhaps you might think I had reference to your training young men for the practice not being sufficiently thorough; but that is far from being the case. Situated as I have been, I have had an opportunity of becoming acquainted with every kind of physicians, and I think I can safely say, that the graduates of the Eclectic College appear to have had as thorough a course of training, to say the least, as those of any medical college in the Union. It was the natural qualifications of which I was speaking.

J.B.

COLLODION, OR LIQUID CUTICLE.

A short description of this substance and its uses may not be altogether uninteresting to the public, being a highly important discovery, inasmuch as it forms an adhesive plaster, much preferable to all the ordinary adhesive plasters. It was discovered about the middle of the year 1848, by Messrs. Maynard & Bigelow, of Boston; but still, notwithstanding it is an American discovery, the public generally seem to be quite unacquainted with this valuable substance, which has now become almost indispensable in many cases.

Collodion is an ethereal solution of exploding cotton, which, being spread upon linen or skin, and applied as a plaster, will not only isolate organic parts from the atmosphere better than any other means, but will also render a suture superfluous, inasmuch as it is not affected by dampness, and presses on the skin with a strength far surpassing that of the very best adhesive plasters. This solution received the name of Collodion, and it was not long before many articles in its praise appeared in the English journals, from Simpson and others, who noticed its physical qualities and the happy results produced by them, not only upon fresh sores, but upon ulcers of long standing, etc. On the Continent, it seemed to be more difficult, on first introducing it, to convince scientific men of its real worth; indeed, in Paris they were on the point of pronouncing it a mystery which they could not solve, as it at first seemed impossible to dissolve the cotton in ether. In the meantime, the well known chemist, Mialhi, after a number of fruitless experiments, finally succeeded in preparing it. After this, it was introduced into the hospitals in Paris, and used by Malgaigne and several others, not only as a plaster to unite fresh sores, but they also pencilled the edges of such sores with it, in order to effect the complete exclusion of the atmosphere, after the edges of the sores had become united, and the result was so satisfactory as to fully justify the praise bestowed upon it by the American journals. An

important advantage in the application of Collodion, is its being perfectly insoluble by dampness, so that it neither can loosen by water nor lymph which separate it from the covered part. Neither can it be dissolved in alcohol; and if the circumference of the sore be, under the operation of dressing, soiled by Collodion, neither oil, soap, nor ammoniac will remove it from the skin. When spread on the skin, it quickly forms a thin transparent membrane, sufficiently tenacious to keep the edges of small sores perfectly united; thus making the use of the proper Collodion plaster superfluous. But such a membrane cannot of course be removed by washing; and if in dressing the sore, any of the Collodion adheres to the fingers, it cannot be removed except by concentrated vinegar or ether. It is evidently an advantage of no little importance that cold fomentations can be applied to a sore without the small strips which confine the plaster becoming loose. Troschel has fomented a wounded hand with water and lead water, for six days in succession, without the confining strips of Collodion becoming loose. If they are allowed to remain on a sore which is not bathed, they will continue to adhere extremely well for four days with certainty, even if the part underneath should become swollen; but at the expiration of that time, they loosen—probably owing to the loosening of the epidermis, or scarf skin.

Although Collodion is so recently discovered, we have already many proofs of its healing powers; and it is evident that these are in a great measure dependent upon its physical qualities, which undoubtedly make it far preferable to any other plaster, for the complete isolation of any required part. In England, the application of it to ulcers of long standing has been found very beneficial. Pasner, of Berlin, has even healed chancres in an incredibly short time, by pencilling them with Collodion; but it must be observed that it was applied after the sores had been previously cleansed by the use of caustics, so that atony or debility only retarded their healing. Wilson, of London, has applied it to eruptions of the skin, with considerable success, and others have been very successful in applying it to burns in the third degree. But one of its most important uses is its application to sore nipples, forming a new cuticle around the nipple, thereby enabling the mother to continue suckling her child, which would otherwise have been too painful. It has even been used as a bandage, instead of starch, in cases of fracture; but it seems particularly adapted to finer and more delicate bandages—for instance, after plastic operations, and to pencil the fissure of the eye-lids, to keep the eyes closed after operations upon them. This can of course be quite as well done by this method as by the ordinary confining strips of plaster; thereby gaining several advantages—for instance, that of being able to apply cold fomentations, and of dispensing with heating bandages. Experiments have also been successfully made to combine Collodion with other medicines. Mr. Simon, an apothecary of Berlin,

prepared Collodion Cantharidate, which operated on the skin like *emplastrum vesicatorium*, or blister. On spreading this composition on the skin, it forms a perfect varnish, which in a short time causes the epidermis to rise like an ordinary vesicatorium. As it dries incredibly quick, the application is very easily made, and it can be readily seen that it is easier to limit the operation of the blister to any particular part by this method, than with the ordinary cantharides plaster, and an evident advantage is, its being impossible for the uneasy patient to tear it off. Collodion, properly prepared, has the appearance of a thick mucilaginous substance, with the smell and taste of ether. If it become sour in reaction, it is not properly prepared, as in such a case, *acetum vini* has been used instead of ether, or else it has not been well washed. The Collodion of commerce is not generally well prepared; consequently, it does not produce the desired effect, being too thin and easily washed away.

E. PAOLI, M. D.

Cincinnati, March 6, 1850.

[The Collodion or Liquid Cuticle, prepared by Paoli & Co., druggists, 308 Main street, is sold wholesale for \$1.50 per dozen ounce bottles.]

REMARKS ON THE USE OF REVELLANTS, &c.

SCARCELY any knowledge is given us of this class of agents by systematic authorities, except that some are rubefacients, others vesicant, cauterant, &c., and that they are applicable in cases where the practitioner wishes to divert inordinate organic action from a more to a less vital organ. However valuable this knowledge may be, yet it is undoubtedly of minor importance compared with the knowledge of their specific action on the general system; for no one will deny that they are absorbed, and if they possess any medicinal properties, they will exert their influences. I need only refer to the action of cantharides, antimony, tobacco, &c., &c., in proof of this. But while such evils result from the indiscriminate use of them, we witness revolutions effected in diseased constitutions, which were beyond the reach of any other remedial agents, by the skilful prescription of those whose medical properties would exert a specific influence on the case.

Recent Neurological experiments have demonstrated the fact, that absorption from the surface takes place much more readily and generally than we were taught to believe by the old crude notions of absorption. Consequently, without discrimination more minute than is generally practiced, great mischief may be done, or, at least, all good effects resulting from the diversion of morbid excitement may be counteracted, by the specific influence of the agent used. On the other hand, attention to these facts will enable the practitioner to prescribe with much more certainty of securing their good effects, far beyond that of counter-irritation. S. E. P.

Part 2.---Miscellaneous Selections.

ON THE NUTRITIVE PROPERTIES OF FISH OIL.

BY ROBERT DRUITT, LONDON.

Of the virtues of cod-liver oil there can be now no question ;— and its seems capable of doing two things. In the first place it fattens, and adds to the bulk of the body ; and, in the second place, it gives nutrition a better turn as it were : it makes the fluids and solids healthier as well as bulkier, and enables them to throw off a variety of cachectic derangements. These useful qualities have been partially accounted for on the supposition that they are due to a minute quantity of some biliary principle contained in the oil. This supposition seemed to me extremely improbable, especially on considering the numerous adulterations to which the oil was liable ; and accordingly I determined on making a few experiments on the subject, the results of which follow.

For this purpose I applied to my oilman for some specimens of the purest and sweetest lamp oil, and procured several varieties of whale and seal oil, decidedly fishy and rank in flavor, but not rancid or oxydized or putrescent. In fact, the flavor of the oil commonly called “southern oil,” the produce of the black whale, which I chiefly employed, is not disagreeable to any one who is free from fancies on the subject ; and if mixed with three or four parts of almond oil, is not a whit more offensive to the taste than the common *oleum jecoris aselli*.

Case I. and II.—Two brothers, S., aged 3 and 5, flabby pasty children, each suffering from pustular eruption on the head and face. A wound made on the head of one of them a week since had degenerated into a flabby sore. No deficiency of food. Both took a tea-spoonful of seal oil three times a day in lemonade. Their mother reports that they were excessively fond of their medicine ; they took it for a fortnight, when the skin of each was quite healthy, and complexion clear.

III.—J. W., a pale, unhealthy child, aged 2½ years ; subject to pustular eruptions on the face. Cured by the same dose of southern oil, thrice daily for a week. Cured far more readily than on former occasions by calomel. Likes the oil extremely.

IV.—J. L., a miserable child ; glands in neck greatly enlarged ; purulent discharge from ears ; abdomen swelled and hard. This child got better under the use of seal oil, but did not take it regularly enough to make the case of any value.

V.—J. E., aged 2, subject to skin diseases from birth; his mother had syphilis; his complexion peculiarly pasty and sallow. Took southern oil in the above doses for a month. Greatly improved in flesh and complexion; but at the end of the course had an attack of eczema in the arms.

VI.—W., æt. 30; subject to sciatica. Took the southern oil; is certain that it has done him much good.

VII.—J. W., æt. 36. Was largely bled for acute rheumatism a twelvemonth since. Has never recovered flesh or strength, and is racked with pains in the back and shoulders. Took cod-liver oil for a month with benefit last May; left it off during the summer; became thinner and weaker. Took southern oil in the dose of two drachms thrice daily for three weeks; likes it much; feels stronger, and looks as decidedly fatter and better in condition as he did from the cod-liver oil.

VIII.—Mrs. P. suffered from puerperal mania whilst suckling, last autumn; has continued anemic and despondent: has taken every form of mineral and vegetable tonic with temporary benefit. Took southern oil for three weeks; is unmistakably plumper, clearer in complexion, and in better spirits.

IX.—J. M., a sallow child, æt. 4, took the southern oil for a week, for impetiginous eruptions on the face and legs. The improvement in flesh and clearness of complexion was extraordinary, and the eruption nearly disappeared.

These few cases do not prove much; but, so far as they go are satisfactory. No one who had seen the children above mentioned before and after their course of oil, could doubt that a most beneficial change had been wrought by something. The great delight which the little wretches took in their dose is another point worth noticing. I would therefore suggest, that it is well worth while to make a fair experiment on a large scale, to determine whether it is fish oil in general that does good, or only the oil of the cod's liver. If, as I believe, almost any kind of fish oil will answer the purpose, then many of the poor will be able to use the cheaper kinds, who could not afford the nicer, but more costly cod-liver oil.—*Lond. Med. Gaz.*

CATAPLASMS.—As a means of soothing pain and allaying local irritation, cataplasms, composed of various substances, have long been used, both in and out of the profession. Applied when warm and soft, they act as a kind of local bath, and favor cutaneous transpiration and reduce excitement. Our object in alluding to this simple, but often important means in the treatment of disease, is to call the attention of the *practitioner* to the *onion poultice*, as an excellent application over the epigastrium, in cases of obstinate bilious vomiting, often witnessed in some of our autumnal fevers,

and in the irritable stomach of the dissipated. A correspondent, writing to us from Alabama, states that a case of obstinate *bilious vomiting* of several days' continuance, in despite of all the remedies used, promptly yielded to "a poultice made of raw onions, large enough to cover the entire epigastric region; at the same time he gave internally some of the juice of the vegetable." He adds, "in the course of a few hours it acted like a charm—it arrested the nausea and vomiting, which had been so obstinate and distressing to the patient for several days." He concludes by stating that the same means had been equally successful in his hands in several similar cases.—*N. O. Med. and Surg. Jour.*

NEW REMEDY FOR HYDROPHOBIA.—M. Rocher d'Hericourt, who has lately returned from a journey in Abyssinia, has brought with him manuscripts of great literary value, and has collected all the facts calculated to throw light on geology, mineralogy, botany, and other branches of science. He has likewise brought with him numerous specimens of a plant, the root of which, reduced to powder, is a cure for hydrophobia, both in men and animals. Of its virtues, M. d'Hericourt had practical proofs. Four dogs and a man having been bitten by a mad dog, they were, by the application of this remedy cured of the hydrophobia which ensued; whilst the fourth dog, (bitten at the same time, by the same animal,) to which the remedy was not applied, perished in all the agony of that terrible disease. The virtue of the plant, and the manner of preparing it for use, were explained to the traveler by a potentate of the country, who assured him that it was there generally used, and never failed. The specimens brought over by M. d'Hericourt have been submitted to the Academy of Sciences of Paris, and a committee has been appointed to test their efficacy.—*Lancet.*

SUGAR AS AN ANTI-APHRODISIAC.—Dr. Provencal, former *chef de clinique* of the medical school of Montpellier, thus speaks of this remedy. Sugar, in large doses, in a hygienic point of view, is, according to my experience, the most powerful medicament that can be administered as anti-aphrodisiac. Camphor, by its prompt and instantaneous action, has, up to the present time, occupied the first rank, and it is with great justice that it has been considered the antidote of cantharides, which is pre-eminently the aphrodisiac remedy.

Experience has proved to me that sugar in large doses is a truly powerful aliment and medicine, being greatly superior to camphor, since it unites the double property of paralyzing, as a medicine,

the venereal ardor, and of repairing, as an aliment, its unpleasant consequences. The dose of sugar is one pound a day, dissolved in a quart of water, milk, or wine, and taken at meals. In cases of masturbation, seminal losses, as well as in all cases of feebleness, wherever, in a word, it is necessary to repair the forces for which water and milk would be inadequate, I administer it in wine.

In cases of general irritability of the system, as is frequently observed among members of religious bodies, and in cases of priapism, I prescribe the sugar dissolved in cold water; finally, in cases of excitation or irritation of the sexual organs, complicated with irritation of the lungs, the sugar is given in milk, or lukewarm ptisan of barley, if the milk prove difficult of digestion.—*Gaz. de Hop.*

TOPICAL TREATMENT OF THE RESPIRATORY PASSAGES.—(Read before the Suffolk District Medical Society by Geo. Bartlett, M. D.)—There are many instances, also, of acute disturbance of function in the respiratory passages unaccompanied with organic change, which well reward the application of local remedies. Some of these are trivial in their character, and some very grave. Why should not these be treated as if they were on the external surface? If the eye, or the nose, or the rectum, or uretha, is the seat of disorder, and we can see any physical change that may cause or continue the evil, we do not keep our hands off and allow disorganization, perhaps, to go on, while the patient is swallowing drugs. To be consistent, the same local remedies should be applied to the earliest indications of physical change in the throat. With a little pains-taking, these may readily be brought within sight in very many instances, and in all, the eye or the ear are pretty sure guides for discovering their presence. Remembering that nicety in function in any organ does not necessarily imply intolerance of interference when that function is disturbed, and that experience has shown that the animal sensibility of the respiratory passages is not very exalted, why is not topical medication as appropriate practice on one surface as another?

Among the indispensable requisites for success in the treatment under consideration, is a long perseverance on the part of both patient and physician, to which should be joined, on the part of the latter, a ready familiarity with a large number of different remedial substances. By too general consent, nitrate of silver has almost exclusively been relied upon; while, in addition to the already well-known escharotics, alteratives, and narcotics, modern chemistry has furnished us with many new agents of nearly untried efficacy in surgical practice.

To avoid monopolizing the Society's time, the natural history and pathology of the disorders of the air passages have been purposely omitted. Looked at from simply the practical point of

view, the following deductions seem to be justified by our present state of knowledge.

1. That no good reason can be given why disease of the respiratory passages, manifest to the eye, should not be treated on the same principle as analogous morbid changes on the external surface.

2. That disease in these passages is not rare, but frequent; and is as often the cause as it is the consequence of tuberculous development.

3. That the benefit of topical treatment is by no means confined to chronic cases—acute affections yielding to it more promptly and surely than to any other.

4. That cough, hoarseness, loss of voice, &c., whether accompanied with incurable disease of the lungs or not, should be treated topically; if not with the expectation of saving life, at least of prolonging it, and with a certainty of diminishing suffering.

4. The nitrate of silver is not a universal remedy—other substances frequently possessing the same superiority over it, when applied to the internal surfaces, that they do when used externally.
—*Bost. Med. and Surg. Jour.*

COMPRESSION OF THE AORTA IN UTERINE HEMORRHAGE.—The application of arterial pressure to arrest formidable uterine hemorrhage, is not presented here as a novelty. The merit of its introduction is probably due to the veteran Baudelcoque; after him, it was adopted and recommended by Chailly; while the practice has been further confirmed by cases presented to the notice of the profession by Mr. Pretty, J. D. Brown, and many others. Still its adoption has not been in proportion to its merits; and in circumstances where it might have afforded timely succor, doubtful and hazardous experiments have often been resorted to, attended with confusion to the accoucheur and peril to the patient. It has been my reliance in numerous instances during the past six years, and with so happy results, that I have come to regard any degree of *post partum* hemorrhage so easily controlled, as to constitute an action of no very grave moment. It is a resort at once safe, practicable, and efficient. Even when the stomach will readily tolerate ergot, and every other ordinary means can be made subservient, there is often an interval before their efficient operation can be obtained, when the patient's life is momentarily endangered by delay. At this critical juncture, compression of the aorta can be brought to bear with signal advantage, while it will not embarrass, but rather assist the ordinary efforts of both nature and art toward an favorable issue. We should by no means neglect the usual appliances at hand; but are at liberty, especially if the services of a reliable assistant are at command, to resort to the application of cold, associated with manual compressure of the uterine

tumor. By this means, the patient's life is placed beyond jeopardy for the instant, and an extension of time is gained, in which to induce that fixed contraction, short of which no attendant could abandon his charge with any degree of intelligent satisfaction and composure.

Neither in such cases should aim be barely to save life from the extremity of peril. There is a degree of hemorrhage, graduated by individual circumstances, beyond which it should be considered a calamity for our patients to succumb. The shock to the system produced by extreme depletion, frequently saps the foundations of health and vigor, and opens avenues for the approach of some insidious and deadly mischief.

In relation to the *modus operandi*, the aorta should be compressed in the umbilical region just before its iliac bifurcation. At this point, after the partial descent of the uterus, there is seldom any intervening obstacle; the parietes of the abdomen lie near the spine, and readily yield on account of their flaccidity; and should any portion of intestine happen to be floating in the way, it readily eludes the touch, and the hand is at once upon the aorta strongly pulsating, and feeling under the finger like a large whipcord. The pulsations can be readily controlled by firm, steady, and not very forcible pressure; and this can be brought to bear with the greatest facility by a thumb and one finger, or any two fingers, so placed in juxtaposition as to bring the triangular space formed at their extremities to fit over the artery like a saddle, and by this means prevent it rolling from the grasp, as it is liable to do without some such precaution.

The demand for this arterial compression will of course be proportioned to the intensity of the hemorrhage and the condition of the patient; but in the event of flooding, however sudden or appalling, I believe the physician has here at ready command the key that may infallibly and safely check the flow of the vital current.—*Communicated for the Boston Med. and Surg. Jour.* Robert Crane, M. D., Middlebury, Conn., Nov. 20, 1849.

NASAL HEMORRHAGE.—There are few physicians who have not occasionally been annoyed by the difficulty with which nasal hemorrhage is arrested. An old ship-master communicated to me a method, which shows that the artery furnishing the supply of blood can be perfectly compressed at the root of the upper incisor teeth. His process was to roll up a piece of paper and place it under the upper lip. The first opportunity I had of trying it was a case of profuse hemorrhage from a fall, which had persisted four days, notwithstanding repeated plugging of the nostrils, and the patient had become almost exsanguine. In this case the front teeth of the patient were wanting, and I applied the pressure by tying a knot in a bandage, which I placed on the upper lip so as to

make pressure immediately at the root of the septum narium, and tied the bandage around the head above the ears. The hemorrhage was immediately and permanently arrested. On mentioning the subject to several of my medical friends, I found the practice was new to them all, and I therefore communicate it for the benefit of the profession.—*Communicated for the Boston Med. and Surg. Jour. by Samuel R. Smith, Tompkinsville, Staten Island, N. Y., Oct. 15, 1849.*

ORIGIN OF MOLES.—My object on the present occasion is to call the attention of the profession to the very frequent occurrence of moles in connection with *protracted lactation*. Can it be a mere coincidence of circumstances? I think not. It is freely admitted that we sometimes meet with them under other and different circumstances, yet if my observation is correct, a very large majority of the cases occur in connection with, and, as I believe, under the influence of unnecessarily prolonged nursing. To illustrate my precise meaning: A woman gives birth to a child which she nurses for ten or twelve months, and during this period the secretion of milk exerts so potent an influence on the uterus, that the catamenia does not appear. But, if I may be allowed the expression, the uterus refuses to remain dormant any longer, and the menstrual flux once more occurs with its wonted periodicity. The nursing is continued, and often continued for no other purpose than the prevention of conception; but the object is in part frustrated, for under these circumstances, conception does frequently take place. And, I may ask, how very often does conception under such circumstances prove an imperfect, blighted, or false conception? Might we not anticipate such a result; for, although it may still be alleged that conception does not take place in the uterus, yet all perhaps agree that a vigorous and healthy condition of that organ is generally a necessary prerequisite to the development of a healthy fetus.

In a period of eighteen years, during which time I have been engaged in the practice of medicine, quite a considerable number of cases of mole, or false conception, have fallen under my observation; and without hesitation I assert, that a large majority of the whole number have occurred in females who continued to nurse their children after the re-establishment of the catamenia, and in whom this function was not re-established for ten or twelve months after the birth of their children. I have recently solicited the opinion of several of my medical friends whose opportunities for observing have been quite ample. Some of them are satisfied of the correctness of my opinion; others have not paid sufficient attention to the attendant circumstances of their cases to speak definitely on the subject.—*Communicated for the West. Jour. of Sur. and Med. by Thomas Lipscomb, Shelbyville, Tenn.*

Part 4--Editorial.

MEDICAL SCHOOLS—BEGINNING OF THE REVOLUTION.

SINCE the Eclectic Medical Institute of Cincinnati has attained a prominent rank among the Medical Colleges of America, five other schools have been chartered, aiming to carry out similar principles. During the past winter, two of these have held their first session—one at Syracuse, N. Y., and the other at Memphis, Tenn. The Eclectic Medical Institute chartered by the Legislature of Indiana has not, we believe, as yet been organized for operation. The Philadelphia school, entitled "Eclectic Medical College of Pennsylvania," has already been organized by the appointment of a Faculty consisting of THOMAS COOKE, M. D., Professor of Theory and Practice of Medicine; WM. F. SMITH, M. D. Professor of Surgery; JOSEPH SITES, M. D., Professor of Obstetrics and Diseases of Women and Children; JOHN T. WALSH, M. D., Professor of Anatomy and Physiology; HENRY HOLLEMBACH, M. D., Professor of Materia Medica and Therapeutics; and FRANKLIN STEWART, M. D., Professor of Medical Chemistry. We believe the charter of the school was obtained without any difficulty, and we trust its career will be one of usefulness and honor. We regret that we have but little acquaintance at present with the merits of the Faculty, their names being generally unfamiliar.

The Legislature of Kentucky has chartered a new school, under the title of "*American Reformed Medical Institute of Louisville.*" This is somewhat remarkable, when we reflect that a party of Old School physicians has been laboring for years to obtain a charter for another medical school at Louisville, but without success. The superior success of the Reformers in procuring a charter, presages well for their future career. We believe the Faculty of the new school is not yet organized, but we understand that an ex-professor of the Eclectic Medical Institute of Cincin-

nati, together with some of its graduates, are engaged in the movement and will occupy chairs.

To all who would undertake the arduous labor of establishing new schools, we would offer our welcome to the toilsome undertaking. The laborers are worthy of their compensation; and whatever they can carve out for themselves, from the strong ramparts of Hunkerism, in Philadelphia, Louisville, &c., will be a just reward as well as a public benefit, by "enlarging the area of freedom" in medicine.

The only evil to be apprehended from the spread of Eclectic institutions is, that the necessity of procuring a large number of professors may compel the election of individuals to professorial chairs who have not the requisite abilities, learning, age, experience, and capacity for instruction. The duties of a medical school require talents very decidedly above mediocrity, thorough literary and professional attainments, efficiency in teaching, and a capacity for original investigation, as well as for the acquisition of learning. We apprehend that in the present stage of our progress, all of these qualities are not to be expected in every case.

We must make the best of our incipient condition, and tolerate a few imperfections; but as every year will increase the resources of scholarship and talent in the Eclectic ranks, any who may prove upon trial unsuited to the peculiar vocation of a medical professor, will, doubtless, in accordance with the general wishes of the profession, give way to more acceptable teachers; and thus we trust the day is not far distant when all that we can desire will be realized, not only in the general character of our schools, but in their means of usefulness. The state legislatures and city governments should be prompted everywhere to lend a helping hand, in providing libraries, apparatus, buildings, &c., until our Eclectic schools occupy, in all respects, the front rank of the profession. We hope that none who engage in these enterprises will enter upon them with any other view than that of rendering Eclectic Medical Reform the dominant system of America, pre-eminent not only in practical utility, but in the learning, talent, skill, and eloquence of its teachers, the amplitude of its colleges, the numbers and intellectual character of its pupils.

We trust it will not be long before the tide of patronage flowing through the channels of Hunkerism will find another course. At

the recent commencement, two hundred and eleven received the degree of M. D. at the Jefferson Medical College in Philadelphia, of whom sixty-two were Virginians. One hundred and thirteen were graduated in Louisville. The Medical College of Ohio had about the same number of graduates as the E. M. Institute. The Legislature has a bill in progress to reorganize the Faculty of the Medical College of Ohio. It is doubtless a good measure, for the Faculty are very hostile to its passage.

The Philadelphia Evening Bulletin says: "The first public commencement of the Homœopathic Medical College of Pennsylvania took place last week at the Musical Fund Hall, Philadelphia, in presence of an audience, the brilliancy of which was the subject of conversation by all present. The weather could hardly have been more favorable; and no medical commencement in Philadelphia was ever more honored. There were twenty graduates. The college building is located in Filbert street, above Eleventh—the edifice formerly occupied by the Pennsylvania Medical College."

This seems to indicate that the popular sympathies in Philadelphia are not altogether in the orthodox channels. Speaking of commencements, we do not believe that any such occasions in our country have passed off with greater eclat or more animated interest in the large and intelligent audience, than the recent commencement of the E. M. Institute.—B.

MEDICAL EDUCATION.

In our last number we urged upon our readers the vast importance of securing a sufficient number of medical students of superior capacity and moral worth to swell the ranks of medical reform. Another matter which we hope will also attract the attention of Eclectic practitioners is the necessity of a high standard of medical attainments.

An effort has been made by the medical profession to enlarge the course of study, and elevate the requirements of graduation. The University of Pennsylvania has boldly taken the lead in the extension of its lecture term, and several other colleges have adopted a similar course. May we not hope that a similar spirit will animate the ranks of reformers, and that medical students will be deeply

impressed by their teachers with the necessity of going through a thorough and extensive course of instruction, instead of hurrying, with feverish haste, to practice. The following extract from the report of the medical department of the University of Pennsylvania for 1849, is worthy of attention:

"In relation to the future, the Faculty would be true neither to themselves nor to the profession, were they to draw back from the course of advancement upon which they have entered. At the last two sessions, the regular period of instruction was five months and a half. At the next session, they propose to extend it to six months; the period which they deem most conducive to the true interest of the student, and which the American Medical Association has recognized as the standard to be aimed at by the schools. As three years of study and attendance upon two courses of lectures in the schools are required of the candidate, it is thus seen that two-thirds of the whole term are to be devoted to private study, and only one-third to scholastic instruction. It appears to the Faculty that no one, familiar with the vast amount of various knowledge which it is now necessary to impart to the student, can consider the latter period disproportionately long. Either our forefathers must have erred greatly in exacting from the pupil an attendance for four months, when the number of branches separately taught and the amount of instruction given were much less than at present, or we ourselves would assuredly be wrong in crowding the increased matter into the same space of time. The four months system was adapted to the infant condition of the country, and a certainly less mature state of the science than now exists; and to allow ourselves to be hampered by regulations suited to former times, would be to stand still while everything is advancing around us, and thus relatively to retrograde.

"Another point upon which the Faculty feel no little solicitude, is the due preliminary education of the student. The desirableness of such an education, as well for the habit of study which it establishes as for the knowledge acquired, is denied by no one; and the only question is how far it can be demanded as an essential prerequisite to graduation. The Faculty do not despair of seeing the time arrive when this requisition may be made by the schools; but the object is one rather to be kept constantly in view, and to be attained gradually, than to be accomplished at once by positive regulation. In this matter the profession must co-operate with the schools. There must be a general conviction in the medical community of the necessity of the measure; and the first barrier against the intrusion of ignorance into the profession must be at the door of the private office. When public professional opinion shall have become so enlightened and influential as to produce a general attention to this point, the schools may then step in, and

make the requisition positive and universal. In the meantime, they may aid materially in the attainment of the end proposed, by lending their countenance to the principle involved on all suitable occasions; and the Faculty, in order to perform their own part, earnestly request that each pupil may bring with him a certificate from his preceptor, stating the length of study and the possession of a due preliminary education when ascertained."—B.

THE HOSPITAL BILL.—The bill to divide equally the privileges of the Commercial Hospital of this city, was passed through the Senate by a vote of twenty-one to ten. It was then introduced into the House of Representatives, near the close of the session, when a number of its friends had left, and the vote was taken with barely a quorum in the House, (forty-eight members,) which resulted, on the motion for indefinite postponement, in thirty-four ayes and fourteen noes. Thus justice has been postponed another year, partly in consequence of the unusual exertions of its opponents, and partly in consequence of the absence of its friends, but mainly in consequence of the *Botanico-Medical* incumbrance upon the progress of reform. The bill, as first introduced, proposed to divide the Hospital equally between the Ohio Medical College and the Eclectic Medical Institute; but, unfortunately, at the instance of the Botanico-Medical Faculty, the name of their institution was introduced and connected with that of the Eclectic Medical Institute, without the knowledge of the Faculty of the Institute, and thus many of the strongest supporters of the bill were driven into opposition. The error was detected only when too late to retrieve it. Thus has the cause of scientific medical reform been injured by the factious division which has maintained an unsuccessful opposition to the Old School in this city, and has weakened the force of medical reform throughout our country, by refusing to co-operate with laudable enterprises, and by establishing schools which cannot command public confidence. These things, however, must come to an end; for there is no just foundation for such a movement, and it is everywhere languishing. The school at Memphis, which hoisted the flag of "*Thomson Steam Reform*" in opposition to the Eclectic movement, has had, we have been informed, but fifteen or twenty students last session, and it is quite probable that it will end like the abortion in Virginia, by dying a natural death.—B.

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Part 1.---Miscellaneous Selections.

STATE LAWS RESPECTING THE PRACTICE OF MEDICINE.

[From the extended and valuable Report of the Committee on Medical Education, presented at the last meeting of the American Medical Association, and just published in its transactions, we copy the following statement respecting the laws which are at present in force, in the different States of the Union, in regard to the practice of medicine.]

1. *Maine*.—Formerly, none but regularly licensed physicians, could collect their dues; several years since, however, the law was repealed, and the field is now open to all.

2. *New Hampshire*.—The State laws of New Hampshire do not require any license. There are no laws on the subject of medicine.

3. *Vermont*.—The State laws require no license. A law was passed in 1821, requiring the M. D. or A. B. degree, but it was repealed in 1838.

4. *Massachusetts*.—No laws in force at the present time. In 1818-19, an act was passed "to regulate the Practice of Physic and Surgery;" but when the statutes of the State were revised, this act was omitted, "in accordance with the wishes of the greater part of the State Medical Society."

5. *Rhode Island*.—"The Legislature has done nothing for the suppression of quackery." There are no laws on the subject.

6. *Connecticut*.—The Legislature, several years since, repealed the law requiring a license for the legal collection of fees—thus virtually licensing all practitioners. The State Medical Society admits to membership only such as have the diploma of M. D., or the legal license.

7. *New York*.—No restrictions since 1844, when the law was repealed. All persons, now, have the right to practice and recover compensation for services.

8. *New Jersey*.—Laws have been in force since the incorporation of the State Medical Society, in 1846, and the Society still retains the power of licensing, under a revised law of 1830—sections 12 and 14 of which read thus: "*And be it enacted*, that no person shall commence the practice of physic and surgery within this State, until he shall have passed an examination and received a diploma from the Medical Society of New Jersey, established as aforesaid; and if any person shall practice as a physician or surgeon, without first having obtained a license for that purpose, (who was not a respectable practitioner without a license, previous to the passage of the act of 1816,) he shall forfeit and pay, for every prescription, the sum of twenty-five dollars, to be recovered with costs of suit," &c., &c.; (in the usual manner;) "and it is hereby made the duty of the District Society, in any county where the penalty shall be incurred, to prosecute the same. *And further*, if any person shall so practice contrary to the provisions of this act, he shall forever thereafter be disqualified from collecting any debts incurred by such practice, in any court in this State.

"*And be it enacted*, That this law shall be so construed as to prevent all irregular-bred pretenders to the healing art, under the names or titles of Practical Botanist, Root, or Indian Doctor, or any other name or title, involving quackery of any species, from practicing their deceptions, and imposing upon the ignorance and credulity of their fellow-citizens; and if any person shall attempt so to practice, in any of the counties of this State, he shall be considered an illegal practitioner, and subject to all the penalties contained in the twelfth section of this act; and it is hereby made the duty of the overseers of the poor of any township, where such offenders may reside, as well as the duty of the District Societies, to prosecute to conviction all such offences against the laws and well-being of the people of this State."

The by-laws of the Medical Society of New Jersey require that the candidate for a license to practice shall be "of sound mind, moral and temperate habits, and twenty-one years of age." He shall satisfy the censors to whom he applies for examination, and it is made their duty to require full and satisfactory evidence, by certificate, "that he has studied with a regularly licensed physician or surgeon for four years, and attended at least one full

course of medical lectures in some respectable college or university. But if he has obtained an academical diploma, then three years' study, including a course of lectures, shall be sufficient."

"The censors"—they are four in number—"being satisfied with the testimonials required, shall proceed to examine the applicant or applicants, carefully and impartially, on the subjects of *Materia Medica*, Pharmacy, Chemistry, Anatomy, Surgery, the Practice of Physic, and Midwifery." A vote is then taken by ballot; and if three out of the four censors are satisfied, the candidate receives a certificate which must bear the signatures of the examiners. This is presented to the President of the Society, who thereupon issues a diploma or license. All persons who have not pursued their studies in the State, and desire to practice there, must submit to the examinations, and pursue the course just described.

9. *Pennsylvania*.—There have never been any laws regulating the practice of medicine and surgery—any one may engage in practice, and recover his fees.

10. *Delaware*.—Dr. Couper, in his report of the number of medical practitioners in this State, rendered to the Association at its last meeting,* says: "Under the general law regulating the practice of medicine and surgery in the State of Delaware, every practitioner is required to take out the license of the State. The graduates of any respectable medical school, and such other persons as shall sustain a satisfactory examination before the Medical Board of Examiners, are entitled to this license, on the payment of a fee of ten dollars. But under special acts of the Legislature, passed since the date of the general law, Homœopaths and Thomsonians are permitted to practice without diplomas, and without the payment of a fee."

11. *Maryland*.—No laws now in force. From 1798 up to 1838, the Medical and Chirurgical Faculty of the State was authorized to elect a Board of Examiners for the State, whose duty it was to grant licenses to those whom they found competent. The penalty of practicing without this license was fifty dollars for each offence. The law was rendered nugatory by the passage, in 1838, of the following act:

"Be it enacted by the State of Maryland, that, from and after the passage of this act, it may and shall be lawful for each and every person, being a citizen of this State, to charge and receive compensation for their services and medicines, in the same manner as physicians are now permitted to do."

A highly intelligent physician of the State, in writing to the

* *Transactions Am. Medical Association*, vol. i. p. 365.

committee of the Monroe County (N. Y.) Medical Society, makes use of the following language :

"During the whole time that we had a medical law, the community were protected from open quackery, and many valuable lives were saved in consequence; but since the repeal, quackery has been carried on in all its forms, and many of our citizens have been humbugged to death by their mal-practice. I think the law protecting the community ought not to have been repealed."

12. *District of Columbia*.—The general government has protected the District of Columbia from the imposition of quackery. "A medical society, incorporated by act of Congress, confers a license on such as have graduated at a medical school, or on such, as may, without graduation, sustain a good examination before the 'examiners' of the society. No one can recover fees by process of law, except a licentiate of this society."

13. *Virginia*.—There is no law in this State regulating the practice of physic and surgery—consequently none prohibiting quackery; nor has any law ever been enacted, imposing penalties or disabilities upon the quack.

"No license for practicing medicine and surgery is required by the laws of Virginia. Practitioners are annually taxed five dollars each, whether holding a diploma or not."

14. *North Carolina*.—There is no law in the State of North Carolina regarding the practice of medicine, and none has ever been enacted. Any one can practice and recover compensation, on proof that services were rendered.

15. *South Carolina*.—An act was passed by this State in 1817, to regulate the licensing of physicians to practice, &c. It imposed a penalty of two months' imprisonment and a fine of five hundred dollars upon all who practiced without due authority obtained in the manner prescribed by law. In 1838, "these penalties and disabilities were annulled." The diploma of the medical college of the State has always been a legal license.

16. *Georgia*.—A law was passed in 1826, which imposed a penalty of five hundred dollars for practicing without a license from the "Board of Physicians," of the State. Another act was passed in 1839, to re-organize the Board of Physicians, which still retains the power to examine applicants and grant licenses: but a proviso, of a most absurd character, is attached to the law, which completely nullifies it. It is as follows: "Provided nothing in the said act be so construed as to operate against the Thomsonian or Botanic practice, or any other practitioner of medicine in the State."

17. *Alabama*.—There was formerly a regularly-appointed Board of Medical Censors for the State, and a law which imposed pen-

alties of imprisonment for six months and five hundred dollars fine, for practicing without its license. "The Board, however, has been abolished, which operates as a repeal of all law on the subject." "Its repeal has had the effect to overrun the State with quacks of every description, of every name and country. It has destroyed confidence in the profession generally, broken down all medical etiquette, and prostrated the science of medicine and surgery to a mere trade. Certainly there are many exceptions to the sweeping remarks made above, but generally they are true."

18. *Mississippi*.—There are no laws at present in force in this State in regard to the practice of medicine and surgery; all restrictions were removed in the year 1834. We offer no apology for introducing the following pertinent extract from a letter to the committee of the Monroe County Medical Society: "The State of Mississippi, from its admission into the Union down to the year 1834, had probably a more efficient code of laws to restrain quackery than any other State in our confederacy. They answered the purpose for which they were intended most effectually. Before any person could practice medicine or surgery in the State, he had to appear before a Board of Medical Censors, established by the legislature and produce evidence, satisfactory to the Board, of his medical and surgical attainments, (whether a graduate or not,) and also of good moral character. This being done, he obtained a permanent license. This had forthwith to be taken to the clerk's office of the county in which the physician who received it intended to locate, to be there recorded. The clerk of the court was compelled to furnish the grand jury of the county with a list of all the licensed physicians every time the jury assembled. It was also the duty of the judge of the circuit court to charge the grand jury to indict every person who presumed to practice medicine, whose name was not recorded among the licensed physicians of the county. The fine for each offence was something, together with costs, but could not exceed five hundred dollars. These laws for a number of years, until they were annulled by a change of the constitution, effectually put down all quackery throughout the State. When the constitution was amended, the Board of Censors was abolished. Ever since 1834, the State has been overrun with quacks of all kinds, and the mortality has greatly increased."

19. *Louisiana*.—"No State in the Union is better protected against impositions of all kinds, in medicine, than this. By an act of the legislature, passed in 1820, no person is allowed to practice medicine, or the profession of an apothecary, without submitting to an examination before a Board, consisting of five physicians and one apothecary, appointed by the State. The law provides, that a respectable diploma of Doctor of Medicine shall entitle an applicant to a certificate of permission to practice; but medical

diplomas having become of late as plenty as pocket-knives, the Board have *assumed* to themselves the right of examining all applicants without any respect to any certificates or diplomas whatever."—*Letter from Louisiana, 1843.*

20. *Texas.*—It is believed that no laws have been enacted in the State of Texas, in reference to the practice of medicine and surgery. If any existed prior to the admission of the State into the Union, we are informed that they were never enforced.

21. *Tennessee.*—No laws on the subject.

22. *Kentucky.*—No laws on the subject. The diploma of M. D. is recognized as a license.

23. *Illinois.*—No license is required or recognized in Illinois. The laws have as yet made no provisions regarding medical practice.

23. *Indiana.*—There are no laws in his State in relation to the practice of medicine, at the present time. Formerly, all practitioners were compelled to obtain a license from a Board of Censors. The law was repealed some twenty years since.

25. *Ohio.*—This State has no laws at present regulating the practice of medicine; there are no legal restrictions, and no license is required. By an act of 1824, no one could practice without a license from the State Medical Society; but this act was repealed in 1833.

26. *Michigan.*—The statute requires that every physician shall obtain a license, either from a State or a county society. A diploma is not considered equivalent to a license.

27. *Missouri.*—There are no laws on the subject in this State, and no license is required; a diploma even is unnecessary.

28, 29, 30. *Wisconsin, Iowa, and Arkansas.*—We have no positive information in regard to the laws of these States, but learn from a reliable source that if any measures have been taken to regulate the practice of medicine, no attention whatever is paid to them, and the field is open to all who choose to enter it.

NUMBER OF PHYSICIANS REQUIRED IN THE UNITED STATES.—Dr. J. K. Mitchell, of the Jefferson Medical College, Philadelphia, in the following extract from his recent Charge to the graduates of that School, treats of a matter which has been viewed in a different light by some other writers:

"The immediate effect of making an inadequate number of educated physicians, is to throw into practice those who have not been properly educated, and to encourage empiricism. The remote effect of creating too many graduates, will be to render the professional rewards so small as to drive the best talent of the country

into other employments. To avoid either extreme seems therefore to be the proper policy of the schools; and that can be done only by *gradually* increasing the pre-requisites for a degree; for a hasty alteration of the present system would but increase the number of uneducated practitioners, by exalting the means of instruction to a point of expense beyond the pecuniary resources of the community. This is demonstrated by the fact that in those parts of the country where the average means of the people do not permit them to meet the expense of the present medical requisitions, the great majority of practitioners have not attended even one public course of professional instruction.

The number of medical men in the city and suburbs of Philadelphia is four hundred and ninety-seven; which, supposing the population to be three hundred and fifty thousand, gives one physician for seven hundred and four persons—a proportion about equal to that of the capital of Prussia. If we suppose that the same proportion extends to the country at large, there should be, in a population of twenty-two millions, thirty-one thousand two hundred and fifty-one physicians. This result is singularly confirmed by the fact that a great publishing house in this city distributes a gratuitous medical monthly paper to upward of thirty thousand physicians, of whom it has the names and addresses. If each of these physicians continued to practice until he died, and if none of them abandoned the profession, from indolence or the temptations of more lucrative occupations, and if professional exposure and unhealthy places did not exalt the proportional mortality beyond that of the most salubrious residences, four hundred and thirty-nine physicians would die annually in the United States. If we suppose that old age, bad health, the seductions of other employments, and the acquirement of a competency, may carry out of the profession not more than two individuals of every one hundred, or two per cent., the profession will, from all these various causes, lose six hundred and twenty-five persons annually. The increase in the population of the United States by birth and immigration, amounts now to not less than seven hundred thousand souls annually; for whom, according to the rate assumed, there will be required not less than nine hundred and ninety-four doctors. Thus, then, to supply the loss by death, by desertion, and by the annual increase of population, there should be created, every year, two thousand and fifty-eight graduates. But the army and navy are to be supplied with physicians, and there must be a large migration of medical men into the newly acquired territories of the Union. Adventurous physicians are also scattered over the world. One of my private pupils is practicing medicine in China, another at Manila, and a third in California, while two of them are seeking for knowledge in the capital of France.

A great number, perhaps a tenth of the existing practitioners of

the United States, who are among the enumerated thirty-one thousand two hundred and fifty doctors, are by ignorance totally unfit for the duties which they have assumed. They have never seen a college, and many of them have scarcely entered a school of any kind. To supersede such men would demand the creation of at least three thousand graduates in medicine. To say, therefore, that twenty-five hundred physicians should be annually created, would be to make an assertion much within the bounds of truth.

A reference to the statistics of the medical schools of the United States, made by an able committee to the National Medical Association, in May last, shows that the mean number of graduates for the last five years, was twelve hundred and eighty-three, the greatest number being, in any one year, fourteen hundred and twenty-one, and the least, one thousand and thirty-one.

Thus you perceive that scarcely half as many persons receive a degree in medicine as the wants of the country demand, and that the growth of empiricism is unhappily on the increase, because the expenses of a medical education place its proper attainment beyond the reach of most of the practitioners of the country, or because the masses are not yet sufficiently educated to perceive the priceless value to the community of a well-instructed physician."

STATISTICS OF THE HOSPITALS AND THE MEDICAL PROFESSION IN PARIS.—The administration of the Parisian hospitals employs 2,500 individuals, and possesses a budget of from fifteen to sixteen million francs. There are fifteen hospitals, furnishing 7,174 beds, and receiving 90,000 patients per annum. Besides these, there are four large hospices, and seven retreats for 8,000 aged and infirm persons. More than 100,000 receive *secours a domicile*; and above 25,000 foundlings are provided for. The following are the names and number of beds of the various hospitals:

Grand Hospitals.		Special Hospitals.	
Hotel Dieu,	810	St. Louis,	825
St. Marguerite,	300	Du Midi,	300
La Pitie,	621	De l'Ourcine,	300
La Charite,	494	Enfans Trouves,	600
St. Antoine,	320	Maison d'Accouchment,	514
Necker,	329	Maison de Cliniques,	120
Cochin,	325	Maison d'Sante St. Denis,	150
Beaujon,	438		
Bon Secours,	324		
De La Republique,	600		

A year or two since, some of the Parisian medical journals, alarmed at the constant increase of the members of the profession, called aloud for some legislative means of repression. The num-

ber of qualified doctors of medicine steadily increased from 1,090 in 1833, to 1,442 in 1847—added to which, there were, in this last year, 175 of the lower qualified practioners, termed *officiers de sante*, giving 1,617 practitioners for little more than a million souls; (including hospitals, garrisons, and other unremunerating bodies;) while in London we had, at the same period, but 2,500 regular practitioners for our two millions. Moreover, the midwives are, in Paris, a numerous body, (480 in 1847,) absorbing much remunerative practice, which, in London, falls to the practitioner. Then, again, classes of persons there resort to hospitals, who here pay for their attendance. If the remaining patients had been equally divided among the 1,617 regular practitioners, it was calculated that 150 per annum would fall to each—the charge for visits being 5, 3, 2 francs, or even less, and no bad debts being recoverable at the expiration of a year.—*Rev Med. Chir.*

AMERICAN SURGERY.—In the American edition of the London Lancet, for January, we find a report, of an introductory lecture delivered at the London Hospital, by Dr. Letheby, in which that gentleman uses the following language, in reference to the labors of American surgeons: "Our brethren upon the new continent had this year published their first annual report on the condition of the medical sciences in that country; and while he agreed with the reporter when he states that the great *forte* of American medical scholarship has hitherto consisted in editing the works of British authors, that the fairest fruits of British genius and research are shaken into the lap of the American student, and that the creative energy of that country shall manifest itself in generating a race of *curculios*, to revel in voracious indolence on the products of a foreign soil, yet he could not place a like amount of faith in many of the exaggerated statements which are there put forth, and he illustrated this by a reference to American lithotomy practice, which showed an average mortality of only three per cent., that of British being about fifty!"

Passing over the ill-tempered and unjust allusions to American medical literature, with the single remark that we know of but few English works, of the best class, that have been edited in this country, which were not materially improved by the American editor—Cooper's Surgical Dictionary, for example—we take up the gratuitous and unfounded imputation on the veracity of American surgeons, in reference to lithotomy practice. It is hard, we admit, for a British metropolitan surgeon to understand how an American surgeon can be much more successful than one of the parent stock, but surely some better way might be found for examining the matter, than an unfounded assault upon the veracity, honor, and integrity of a class of men who have no superiors on

the earth for truthfulness and uprightness. Why should American surgeons be any more likely to be guilty of dishonorable and degrading practices in their profession, than English surgeons? Why should it be imagined that the Warrens, Motts, and Gibsons of the United States are more prone to exaggeration and falsehood than the Stanleys and Lettiebys of London? The American public would speedily understand the resort to improper arts, and would administer a rebuke to such conduct that would not be forgotten. We should think that Dr. Letheby would have been more honestly and professionally employed, if he had endeavored to ascertain the causes of the greater success of American surgeons in lithotomy, instead of calumniating a set of men who are quite as incapable of a dishonorable deed as he is. The fact which he endeavors to impugn is fixed too firmly to be shaken by sneers and insinuations. Death from lithotomy is very rare in this country, and scarcely amounts to three per cent. The surgeon (Dr. Dudley) at whom Dr. Letheby aims his shafts, has unquestionably been the most successful surgeon of the day, in lithotomy, and deserves admiration, rather than calumny. He practices in a community where every case in his hands is known to numbers of citizens, and it would be impossible for him to exaggerate his success without detection. He has enemies enough to emblazon his failures, were there many to point at. We lived in the community where he practices for a quarter of a century, and during the time he was occupied in a large proportion of his operation, and we feel sure that we knew of every case he operated upon, and of every loss. As far as our word can corroborate the statements of that distinguished surgeon, we bear testimony to the fact, that it is his great success that has made the average per cent. of loss, in American surgery, so diminutive, when compared with British surgery.

French surgery, true to the instincts of professional advancement, when it heard of Chesselden's success in lithotomy, sent Morand over to England, under the authority of the French Royal Academy of Sciences, to learn from Chesselden his mode of operating. This was a much more honorable and *improving* course than the one Dr. Letheby has preferred for his action, and he might improve his surgery by following the example set him by the French Academy. A little investigation would teach Dr. Letheby, that British surgery has lost ground since the days of Chesselden. Dr. Letheby admits that there is a loss of fifty per cent. in British lithotomy, but it was not so in the hands of Chesselden, after he improved himself into his third method of operation. He lost four out of ten patients under his first method, and determined to improve himself, and by the third he adopted, he saved fifty patients out of fifty-two, in St. Thomas' Hospital. Did Chesselden exaggerate, or has British lithotomy retrograded? When Sharpe was in Paris, in 1702, Frere Jacques had cut thirty-

eight patients, without losing one. In view of such facts, where is the sense or propriety of Dr. Letheby's sneer at American surgery? Why not inquire why American surgery is so very successful?—*West. Jour. of Med. and Surg.*

KENTUCKY SURGERY.—It is pretty generally known in this country, that whatever credit is due for the introduction of the operation of exsection of the human ovary, belongs to a Kentucky surgeon—Dr. Ephraim M'Dowell. Mr. Lizars attempted to rob the Kentuckian of this honor, but the evidence adduced by Dr. M'Dowell in favor of his priority was conclusive.

In the New Orleans Journal of Medicine and Surgery, we find a paper from the pen of James H. Johnson, M. D., of New Orleans, late Professor of Surgery in Franklin Medical College of Missouri, which conclusively establishes the fact that a Kentucky physician preceded Dr. Mott in "the exsection of the clavicle, for osteo-sarcoma," a piece of surgery which Dr. Mott has dignified with the title of "Mott's Waterloo operation," and says he claims the credit for it "for his country, his city, and himself." But Dr. Johnson establishes the fact that Dr. Charles M'Creary, of Hartford, Ky., preceded Dr. Mott, in this operation, fully seventeen years. Dr. Mott reported his case in the "American Journal of the Medical Sciences," for November, 1828, and Dr. M'Creary had exsected the clavicle, for osteo-sarcoma, on the 4th day of May, 1811, and Dr. Johnson says: "The method adopted by Dr. M'Creary was almost similar to Prof. Mott's."

If Dr. Mott thought proper to claim credit for "his city and himself," for originating the operation referred to, it cannot be improper for us to vindicate the claim of a Kentucky surgeon to this originality. The Kentuckian deserves more credit than Dr. Mott could reasonably claim; for the New Yorker, in 1828, had all the appliances for such an operation as the exsection of the clavicle, in a degree of much greater perfection than the Kentuckian had in 1811.—*West. Jour. of Med. and Surg.*

THE CHOLERA AND OTHER PREVALENT DISEASES.—[The following remarks on the mortality and the state of the public health in London, during the last winter, while cholera prevailed in that city as an epidemic, were read before the Westminster Medical Society, April 7th, by Dr. Webster.]

Having adverted to the recent sanitary movement, which must in time produce beneficial consequences, Dr. Webster said, so far from the fears entertained by timid persons, that the public health would materially suffer by the re-appearance of epidemic cholera,

the aggregate number of deaths from all causes had considerably diminished throughout London during the last six months, in comparison with the same period of the previous year, particularly in regard to diseases of the respiratory organs, usually so prevalent and fatal in cold weather. In proof of this opinion, notwithstanding the extraordinary severity of scarlatina and presence of cholera, the gross mortality from all diseases, in London, during the last six months ending the 31st of March, was 30,263; whereas, during the parallel six months of the previous winter, the total amount rose to 36,060 deaths, being an excess of 5,797, or 18.82 per cent. in favor of the current season. The author observed that the greatest difference occurred in diseases of the organs of respiration; by which, including influenza, in the winter of 1847 and 1848, the deaths were 11,197; whilst during the same six months ending the 21st of March of the current year, only 5,127 persons died from the same causes; being less than half the former amount, or an excess of 118.39 per cent. more deaths under this head in the previous, than the winter just terminated. Dr. Webster then alluded to some of the pectoral diseases, and said, that 1,965 persons had died from pneumonia this season, but 3,159 the previous; thus giving an excess of 60.76 per cent. By bronchitis, 2,047 died the last six months, whilst the number was 2,984 in the former period, being 45.77 per cent. more than now. Again, 3,040 died from consumption this season, against 3,740 in the winter of 1847 and 1848; being nearly one quarter of the deaths greater from the same disease than recently. By influenza, only 78 deaths occurred, in place of 1,739, registered during the former season. By measles, 391, instead of 1,346, which thus caused two and a half times more deaths in the previous winter than the one just terminated. Scarlatina formed, however, a marked exception in respect of its virulence and mortality, having proved more fatal last winter than for many years; it was, in fact, the chief epidemic of the season; 2,546 individuals, principally under 15 years of age, having died from that disease during the six months ending the 31st of March last, instead of 1,362 during the parallel period of the previous year, although the mortality from the same cause was also then greater than ordinary. By typhus, the deaths were fortunately less this year than last, 1,585 having died from that cause during the present winter, in place of 2,201 the previous; thus making an excess of 38.86 per hundred more in the last than in the present season. The author subsequently, alluding to bowel complaints, remarked, contrary perhaps to expectation, that notwithstanding the existence of cholera, and the prevalent tendency to bowel complaints, diarrhœa and dysentery had actually proved less fatal during the last six months than in the same period of the previous year. Thus, in the six months ending the 31st of March, 1849, the deaths in London by diarrhœa were 554, instead of 644

in the same months of the year before. By dysentery, 135 then died, in place of 116 recently. This contrast is curious, seeing that cholera has prevailed more extensively than usual, by which epidemic malady 984 persons died in London during the last six months; whereas, only 21 deaths are recorded in the previous winter. The author here observed, that, great as the above amount of deaths by cholera may appear, it is not by any means so considerable as the mortality met with in the spring of 1832, when this malady also prevailed in London epidemically. For instance, in the month of March and the first week of April, of that year, as many persons died in the metropolis during these five weeks, as throughout the entire six months ending the 31st of March, 1849. Having now almost ceased to exist as an epidemic in London, as only four deaths had been recorded of cholera during the week terminating last Saturday, Dr. Webster believed little apprehension need now be entertained, although likely, as in the year 1832, the disease may again become epidemic next summer, or in the autumn, when cholera usually prevails in this country, but, for the most part, of a mild and less fatal description. From the various data detailed to the Society, notwithstanding the prevalence of cholera, and the unusual mortality by scarlatina, the author considered London had not become by any means unhealthy, nor had the last winter proved insalubrious. Dr. Webster subsequently discussed the diathesis generally exhibited by the diseases now passed under review. Speaking generally, from his own observation, as likewise from the information of other practitioners, the author believed that almost every complaint recently met with assumed an asthenic character—if not at first, at least soon afterwards, and even in those instances of disease which are really inflammatory, they very often soon exhibited symptoms of great debility and exhaustion, similar in fact, to the peculiarity noticed when the influenza was so prevalent last year in the metropolis. Scarlatina, measles, and diseases of the respiratory organs, come all within this category, and have required very different modes of management to the measures formerly found beneficial. Dr. Webster then adverted generally to the remedies employed, and the methods of cure recently adopted, which, he said, were generally tonic and stimulating. Exceptions might occur to this rule, but they were rare, even in those diseases of the chest which formerly required antiphlogistic treatment. The abstraction of blood appeared seldom, if ever necessary, and it is now as uncommon to bleed any patient as it was formerly the reverse. Indeed, the lancet, like the sword of the soldier in the time of peace, might be said to have been laid up in ordinary. The author subsequently discussed the treatment pursued in the several diseases alluded to in his paper, which it is unnecessary now to particularize, as the plans adopted seemed generally based upon the symptoms manifested, and the principles he had enunciated.

In concluding the communication read to the Society, Dr. Webster observed, that although scarlatina was really one of the most prominent and serious epidemics prevalent during the last six months, whereby nearly three times as many persons were carried off as by cholera, still the latter malady occupied by far the most public attention. With respect, however, to the management of scarlatina, the author said it differed essentially from the method other practitioners like himself had formerly found it expedient to employ. In previous epidemics of this eruptive disease, it was frequently necessary to resort to antiphlogistic measures, low diet, active purging, and even to blood-letting, either from the arm, or by leeches. During the recent epidemic, so far from depletion being required, or admissible, it was often advisable to commence supporting the system very early in the complaint, to give tonics, ammonia, wine, and sometimes even brandy, where the symptoms, apparently but not actually, seemed inflammatory—debility, depression, and a great want of tone in the system, being generally characteristic of the malady, whilst the remedies best adapted under such circumstances were of the above description. Fortunately, this severe complaint has recently considerably abated in virulence; and although still above the average of previous seasons, the consequent mortality is by no means now so great as it was about the latter part of last year, and the early portion of the current. However, at whatever period the present epidemic scarlatina may terminate, medical practitioners will not fail to remember its late great prevalence, rapid progress, marked symptoms of debility, and its unusual fatal character, as, likewise, the tonic stimulating plan of treatment which the disease almost invariably required—*Lond. Lancet.*

IS THERE ANY ALBUMEN IN THE DEJECTIONS OF CHOLERA PATIENTS?—Drs. Andral and Mialhe answer this question negatively. It now appears that M. Masselot, at the Val de Grace, has found albumen in several such specimens. He says: Choleraic dejections may or may not, according to certain circumstances, contain albumen. When they are watery, almost transparent, slightly whitish, like a decoction of rice, with a light pellicular or flaky deposit, they contain no albumen, or merely traces of it. But when they are thick, yellowish, viscous, striated with blood on their surface, albumen is found in them to the amount of four and five per cent. (Are the latter stools really cholera dejections?) Another remark has been made viz.: that some dejections gave no albumen during the life of the patient, but that the liquid obtained from the intestine of the same patient, when dead, contained a large proportion of it. It likewise appears, that albumen in the dejections is a sign that the disease is getting worse.

CAUSES OF THE GREATER MORTALITY OF MALE CHILDREN, AND THE RELATIVE PROPORTION OF THE SEXES AT BIRTH.—(*Read by G. Emerson, M. D., before the Philadelphia Medical Co. Society.*)—Up to fifteenth year, there is an excess of 15 per cent. in the number of deaths of boys over that of girls. This excess in the male mortality is commonly ascribed to the greater exposure and rougher sports and amusements of the boys; an erroneous idea, the fallacy of which is shown in the fact that the majority of the deaths of the males takes place in early infancy, when no such exposure and danger consequent to said sports can possibly exist. The deaths of boys, too, from climbing, swimming, &c., equal those of the girls from scalding, domestic accidents, &c.

The particular diseases which give rise to death in the two sexes are very different in their nature and characteristics. Thus, males are attacked with violent inflammation of the brain, accompanied with serous effusions, convulsions, &c.; inflammations of the stomach, lungs, and other important organs; while females suffer from hooping-cough, small-pox, measles, thrush, &c. In boys, the character of the disease is sthenic; in girls, asthenic. The diseases from which females suffer most are seated in the cutaneous and mucous tissues.

Of 100,000 deaths reported by the Registrar-General of England, 31,671 were under the fifth year; and of these, 15,006 were females, and 16,665 were males. Of the above, the number of deaths from the inflammation of the brain was 2,550 males, and 2,081 females; of dropsy of the brain, 1,481 males, 1,161 females; small-pox, 213 males, 240 females; hooping-cough, 1,115 males, 1,445 females; measles, 1,028 females, &c.

From these and similar statistics, the inference follows that the disproportion in the deaths of the two sexes, during childhood, does not arise so much from exposure to external circumstances as from differences in physical organization.

From the fact of boys succumbing so easily and so rapidly to diseases of a sthenic type, and females to those of an asthenic character, we deduce the practical hint of combating most energetically the inflammatory symptoms of the one, as soon as manifest, and preventing too great exhaustion of the system when symptoms of depression begin to appear in the female infants.

The doctor then spoke of effects of the weather upon infant mortality, and more particularly of the limitation of the effects of hot weather, to the period of lactation. For interesting facts relative to this subject, he referred to statistics lately published by himself in the *American Journal of the Medical Sciences*.

During the first year of infant life, the season of the greatest mortality is the three hot summer months. The number 250 representing the mortality for May, we would have 836 as that for July. After the second year, the deaths are more equally dis-

tributed throughout the months; the number seeming even less in the hot than in the cold and temperate seasons. The heat, which at earlier period was inimical, would now appear to be friendly to infantile life.

Dr. E. next referred to the influence of certain agencies which changed the ordinary proportions of the sexes. The general preponderance of males over females at birth, is about $7\frac{1}{2}$ per cent. In 1833, the singular phenomenon of a reverse proportion was evident. There was not only a deficiency of male births, but moreover, in the months of April and May of that year, a decided female excess. Upon further investigations, this female excess was found to be the product of conceptions occurring in August and September of 1832. This, as is well known, was the period of the first invasion of epidemic cholera. Looking abroad for corroboration of this singular fact, it was found to hold good also in the proportion of births occurring nine months after the epidemic had appeared at Paris. From this and other investigations, he arrived at the conclusion that this change in the relative proportion of the two sexes at birth, was owing to the depressing influence of cholera. He has further observed that a tendency to the above result is always produced by the operation of any class of depressing agents, while circumstances that tend to high physical development increase materially the male excess.

In France and Prussia, where the mass of the people labor much harder than in our own country, and are poorly fed and clothed, the excess of male births is slightly under 6 per cent.; in England, 5 per cent.; in Philadelphia, 7.5 per cent.; and in our western country as high as 10 per cent.

Investigations into the comparative proportions of the sexes born in city and country populations, manifest the existence of a greater male excess in rural districts. This, from the foregoing observations, was to be expected, since in cities, foul and vitiated atmosphere, unwholesome diet, and other depressing agencies, operate much more strongly than in the country. Hence, the doctor observed, this proportion of the births of the two sexes may be considered as a sort of natural thermometer of the physical comfort and advantages enjoyed by a community.

The institution of polygamy may have originated in a scanty supply of food occurring at some former period in the community where such institution exists, and evincing its depressing tendency by a predominance of the female over the male population. Once established, it would foster itself.

The proportion of the two sexes being under such considerable control, it remains for the various legislative bodies throughout the civilized world to benefit and meliorate, by their wise enactments, the condition of the social cosmos.—*Med. Examiner.*

Part 2.--Homœopathy.

ON THE MEDICINAL ACTIVITY OF DRUG ATOMS.

BY C. BENTLEY MATTHEWS, M. D.,

Prof. of Materia Medica in the Homœopathic College of Pennsylvania.

We have thought it might be rendering an acceptable service to the cause of Homœopathy, by endeavoring to show its accordance with sound philosophical reasoning and well-known and acknowledged facts, and by marshalling in one view some of the most important arguments in favor of this branch of science; more especially, as it is constantly assailed by the Allopathic schools, not only by sneers and misrepresentations, but also occasionally by the gratuitous assumption that minute, or, if you please, infinitesimal doses, can have no sensible action on the human organism.

Indeed, this appears to be the chief impediment in the way to their adoption of the doctrines of Hahnemann. "*Similia similibus curantur*" is not so difficult for them to comprehend; and had we given sensible doses, in all probability, the number of converts would have been much larger than at present.

These reasonings and facts are not required to fix the belief of our Homœopathic brethren, and are, perhaps, perfectly familiar to them; but still, to give "a reason for the faith that is in us," is always proper, and to those who have not examined the subject, it may be rendering a service, to present in a concise form a ready answer to the sneering interrogatories of our opponents.

The question is repeatedly propounded, "Can such small particles of medicinal matter have any sensible effect on the human system?" The only way this question can be met, is by presenting admitted *facts* of an analogous nature to the mind of the questioner. The aroma of flowers must be allowed to be in a state of minute atomic division; for it is well known that a bushel of rose leaves is requisite to produce one drop of the *ottar* of roses. Yet it is related of a princess of the imperial house of Communi, of Constantinople, that she was affected with syncope immediately upon smelling a rose. And a corroborative case was related to us by a highly intelligent gentleman, not of the profession, respecting a lady with whom he was intimate, who fainted if a single rose leaf was inserted (and that even without her knowledge) under any part of her dress. To

"Die of a rose in æsthetic pain"

is scarcely a poetic fiction. And this fact of the pernicious influence of the aroma of flowers is well known and acknowledged by enlightened Allopathists. Dr. Harrison, as quoted by Paris, (see Pharmacologia,) who resided a long time in Italy, states that the Italians are so familiar with it, that they avoid flowers in their sleeping apartments with the greatest caution.

Another important evidence of the action of poisonous atoms is to be found in the diffusion of contagious and pestilential miasmata. The Campania di Roma, formerly a fertile plain, now rendered marshy by the ruinous state of the aqueducts, generates a miasm that it is fatal to inhale, even for a night; and yet if the superincumbent atmosphere were analyzed, it would be found, so far as chemical tests were concerned, as pure as that on the summit of Mont Blanc. Who, we would ask, has ever yet detected, by such means, the miasma that generates intermittents, bilious fevers, dysenteries, and cholera, or those of variola, scarlatina, rubeola, &c. *Ozone*, a hypothetical substance, and by no means proved to exist in the tainted atmosphere, is alleged to be the cause of cholera, and it is said that a solution of hydriodate of *potassa*, added to a mixture of starch and water, will detect its presence by change of color; but admit this to be the case, the infinitesimal dose of the poison is not disproved.

The "eternal grain of musk" existing in Germany, suspended for a century in an accurate balance, still yielding its peculiar odor, without having lost an appreciable quantity of matter, during which time millions of individuals could have experienced its influence on their systems, had they been exposed to it, is another strong evidence of the activity of medicinal atoms.

It is well known to every one conversant with *materia medica*, that *strychnine* still retains its intensely bitter taste, even when dissolved in water, in the proportion of one part to six hundred thousand parts of the solvent. Here is positive evidence of its action on the nerves of taste in the atomic state. Who is prepared to assert that it has in this condition no action on other parts of the animal organism?

It is stated by *Allopathic* experimenters, that when a dose of *calomel*, or *mercury* in other form, is taken in a purgative dose, being previously weighed, and the fecal discharges preserved and washed, the whole of the mercury may be obtained, and no apparent portion has entered the system, notwithstanding the various morbid sensations, and altered secretions resulting from its employment. What explanation can *they* give of this phenomenon, if they deny that atoms have any influence on the vital economy.

The microscope reveals the existence of animalculæ, or animated atoms, if we may use the expression, so exceedingly minute, that hundreds, if not thousands, may revel on the point of a needle, as their microcosm. And the

"Tear that flows down beauty's cheek,"

if examined, would perhaps be found to be replete with animal life; in hideous forms, atomic monsters, devouring each other; yet each of them has its circulating, assimilating, sensitive, and muscular system. Are such *facts* less inconceivable than that medicinal atoms should have activity, and be operative on the human organism?

Modern physiology has shown, under the microscope, that muscular contraction, the power of which, in some instances, amounts to some thousands of pounds, depends upon the minute approximation of atomic disks arranged in series, constituting the ultimate fibre of the muscle. Shall we deny the energy of unvitalized atoms, with this alleged *fact* before us obtaining full credence?

The particles of *light*, so inconceivably small that they are freely transmitted through dense transparent media, produce a variety of sensations, some of them intensely painful when acting on the *retina*, generating therein the sensation of color, and presenting every variety of hue that adorns the landscape. While their agency promotes the growth and perfection of vegetables, and aids the development of animated beings.

The power of imponderable atoms is still more strongly evinced in the effects of *electricity*. The thunderbolt that rends the tall forest tree, from its apex to its root, has no sensible weight!

A magnet may generate by attrition thousands of other magnets of equal size and power, and yet not part with any portion of its virtue. Are not these well-known facts as difficult of comprehension and explanation as the atomic action of medicines, and would it not be equally unphilosophical to deny the validity of the one as of the other, as they rest on the same kind of evidence?

A favorite theme of ridicule with our opponents is our employment of *silex* for the cure of disease, gratuitously alleging that it can have no sensible action on the vital system, and denying our power to effect its solution, being ignorant of the fact that it is frequently found in nature in that state. Col. Fremont found, during his exploration of the volcanic regions beyond the Rocky Mountains, on the road to the Columbia river, a number of hot springs in a narrow valley, which had formed their own basins of silicious matter, deposited from *silex* held in solution in their waters. And it had been previously ascertained that the same thing occurs at the *Geysers*, or spouting hot springs of Iceland.

The formation of geodes and of rock crystal, is further evidence of its entire solubility.

The gross conceptions of these gentlemen reach no further than the idea of a *grain of sand* entering the stomach and passing away in its original form; forgetting that the cohesion of the particles of *silex* is so strong as to resist the action of almost every menstruum, (except *fluoric acid*, or water in large volume, aided by the action of intense heat; and perhaps an excess of *potash*, which, combined with *silicon*, is gelatinous, and therefore more soluble,)

and of course, in the aggregate state, cannot act; but when intimately comminuted by our triturations, its solution is effected and its activity developed. And this fact we believe to be one of the strongest proofs of the increased energy of drug atoms by isolation or separation. What proof have our antagonists, opposed to our positive experience of its effects in this state, that *silex*, or its basis *silicon*, exerts no active influence on the vital economy? The difficulty of obtaining it in the atomic state, proves how energetically its particles combine, and when called into active exercise by separation, its activity must be very much increased.

It is well known that some vegetables, as the graminæ, are coated with *silex*, which derived from the earth, must have been previously dissolved, and being acted upon by the principle of vegetable life, again deposited as an important and essential part of the plant, aiding in its defence and supporting it more firmly in the erect position. Is it more unphilosophical to suppose that *silex*, in the atomic state, may have a sensible action on the animal as well as the vegetable constitution?

Every chemical process is dependent upon the energetic affinities and reciprocal reaction of atoms; indeed, all the phenomena of nature, the development of animal and vegetable life, and the various vital functions involve this principle. Why, then, should we doubt the medicinal influence of atoms?

The law of gravitation, though generally considered with reference to masses, or aggregates, depends upon the energy of atoms attracting each other. It is known that bodies are attracted reciprocally in the direct ratio of their masses, or aggregate volume; and of course the larger mass, being constituted of a greater amount of atoms, their combined influence (each atom, however, exerting its attractive power) will draw the lesser mass towards it through a wider space than the former is propelled towards the latter; every atom in both masses exerts an influence in producing this result.

Indeed, turn where we will, the potential influence of atoms will be detected, and must be admitted by every enlightened mind, and we have no doubt that every medicinal agent is active *only* in the atomic state, or when its items are so isolated, or separated, that each particle can exert its inherent influence unrestrained.

What medicine, even in large doses, would act, except mechanically, on the system, if it still retained its concrete state, or was incapable of solution? Experience proves its impossibility.

* * * * *

It is covertly assumed, that *infinitely minute atoms cannot affect the vital economy*; and after an elaborate calculation to prove, what is freely admitted, that our medicines are in the form of infinitely minute atoms, the calculator *sagaciously* draws the conclusion, or expects his readers to do so, "that *infinitely*

minute atoms cannot affect the vital economy." This is what is called reasoning in a circle.

Mathematics has demonstrated the infinite divisibility of matter. Now, it matters not generally to the truth of Homœopathy, whether this is so, or whether it can be reconciled to the atomic theory of Dalton or not; but assuming it to be correct, the calculation so bountifully protruded in the "*Journal*," proves that there must be a medicinal atom in every tangible portion of our dilutions. And we assert it to be a *fact*, observed by thousands of intelligent and veracious physicians and their patients, that these medicinal atoms do produce decidedly sensible effects on the vital functions, both in health and disease.

The truth or fallacy of Homœopathy can never depend upon the results of *mathematical* reasoning, any more than that of the science of Chemistry, of Geology, of Mineralogy, &c., but solely, like the truth of innumerable *facts* in the natural sciences, on the *veracity* and intelligence of observers; and can only be proved, if doubted, by repeating their experiments and observations under precisely similar circumstances. It is not a science of fallacious inferences, like its elder rival, "blown about by every wind of doctrine," but an embodiment of accurately observed *facts*, a hundred times repeated and confirmed by sagacious observers, and undoubtedly has as much inherent evidence of its truth as the other sciences which are based on observation.

Is it not, then, perfectly philosophical, and in accordance with what is admitted in other departments of knowledge, to infer that atoms, disentangled and isolated, as it were, in our dilutions, would display a vastly increased degree of energy in proportion to their bulk, than when in the aggregate form they are restrained in their sphere of activity by their chemical and cohesive affinities?

This increased energy of liberated atoms, powerfully tending to form new combinations, and to display their characteristic qualities, is, we believe, the true explanation of the *modus operandi* of medicines, the different effects resulting, depending upon the inherent attributes of the different remedies. We shall conclude by detailing briefly two cases; the first displays the increase of curative power, by dilution; and the other shows the truth of our fundamental law, "*similia*," &c.

Mrs. S——, a highly respectable lady, was afflicted with tetter on the hands and fingers for a period of thirty years. It had been repeatedly driven in by Allopathic applications, and always on such occasions her chest was seriously affected until its reappearance. About five years since I was consulted. *Iodine 8d* was given in repeated doses, and at the end of fifteen months her tetter was perfectly cured, without any injury to her general health; which has remained good ever since. When *informed what rem-*

edy was used, she assured me she had previously taken it in Allopathic doses for a considerable time unavailingly.

Some years since, while experimenting with *sulph. of morphia*, just before retiring for the night, I took one grain of the first trituration, which I had been preparing. On closing the eyes after lying down, a most beautiful landscape, with ever-varying, brilliant-colored oriental scenery, such as I had witnessed in the East, presented itself to view, disappearing on opening the eyes, and recurring on closing them. This was repeated several times, and as consciousness was lost in sleep, the last impression on the memory was a crimson veil or cloud that obscured the scene. Some time afterward, a lady informed me she had singular nervous affection; she would, when engaged in her ordinary employments, lose cognizance of surrounding objects, and in their place a beautiful and ever-varying "landscape," as if ascending a river, would present itself. I gave her about one-tenth of a grain of the same preparation of the 1st, and her nervous affection entirely disappeared before the next day, and has never recurred.—*Quarterly Homœopathic Journal*.

[For the Eclectic Medical Journal.]

HOMŒOPATHY AND ECLECTICISM.

Gentlemen :

I OBSERVED in the last number of the E. M. Journal an article under the head of Homœopathy, penned evidently by some Eclectic, who, though honest, is entirely ignorant of the principles of Homœopathy, and thereby misrepresented the science to those who are laboring under the same disadvantage. It may perhaps convey a wrong impression to their minds of what Homœopathy is, unless the mistake is rectified; therefore, I assume the responsibility of adjusting the matter. But, before I attempt to *adjust*, allow me to express my gratitude for the liberal manner in which the editor expressed himself, in reference to Homœopathy, in his explanatory remarks under the said article. It indicates a feeling of liberality, an investigating spirit, and a desire to promulgate that which is good, even at the expense of antiquated dogmas. If the spirit manifested in that article pervaded the minds of all, Allopathy, with her many speculations and her successions of false theories, would in a few short years "totter to a final fall." But to the question before us.

D. B. seems to think that the good qualities of Homœopathy depend on the reduction of the size of the dose, and that the success that attends her is mainly attributable to the infinitesimals. If our claims depend on that, and that only, I for one am ready and

willing to discard her instantly; she shall have no claims to my attention. But the facts are, small doses have nothing to do with her as a science, one way or the other. I, as a Homœopath, have the right, and shall exercise it if I think proper, of using any amount of a medicament that is appropriate, and well-selected under the principle of similarities, and in doing it, I shall not trample on the first law of Homœopathy, as any one who has examined them will bear me testimony. Homœopathy consists mainly in the great, *infallible* principle, "*similia similibus curantur*," and that principle is founded on the immutable basis of *experiment*. She stands or falls on that *broad basis*. She rejects theory, and asks for *substantial facts*. She demands the attention of the age, not from claims founded on the so-called *sanction* of the lapse of time, nor of the attraction of novelty, or of fashion, nor of the declamations of party spirit; but upon a law sanctioned by experiment, undertaken in a liberal spirit.

Again: The writer thinks it is not our intention to make Homœopaths out of Eclectics, but out of Allopaths. I would say for his benefit, that it is not our intention to make proselytes out of any particular set of men. Our object is to promulgate truth, agitate thought, and let men be governed and act as their own judgments dictate. We do not desire *converts* from any other faith, who do not come with a full conviction that the "true art of healing" is embodied in the principle of Homœopathy. Let him come with that conviction, and at the same time a mind capable of appreciating truth and diffusing it broad-cast, and we will receive him as one of us, and bid him God-speed in his noble undertaking.

In reference to this matter, Hahnemann says: "Let all hold aloof from this most pious, this noblest of all secular professions, who are deficient in mind, patient thought, in the requisite knowledge, or in tender philanthropy and a sense of duty; or, in other words, who are deficient in pure virtue! Away with that unhallowed race who have merely the outward semblance of the health restorer, but whose heads are full of vain deceit—in whose hearts wicked levity alone reigns—whose tongues make a mockery of truth—whose hands prepare mischief."

Our friend hopes that the Eclectics will be able to give us "more light." As for one, I am willing and ready to receive all the light that can be imparted to us, either by Eclectics or from any other source. Homœopaths generally desire the same. Our motto is "*Progress*." We love light—like the noble eagle, who not only loves light, but flies right into the face of the sun, screaming, as he dashes upward and onward, "Light—more light still." But, let me ask, is it not desirable that the Eclectics should be willing to receive "light" from Homœopathy? If so, let them investigate and experiment with an unbiassed feeling—a desire to advance the "noble science"—a desire to subvert evil—and let there be

inspired with that holy desire of assisting their fellow creatures amid their "trials and tribulations." When they will do this, we will rest content as to the issue; and let their decision be either *pro* or *con*, we, as honest men, must be satisfied.

A HOMŒOPATH.

[For the Eclectic Medical Journal.]

HOMŒOPATHIC PRACTICE.

Editors Eclectic Medical Journal:

A CASE of extreme magnitude having occurred in my practice, I feel constrained from a sense of duty to report it for the benefit, I hope in some measure, of the profession.

Mrs. S—, a lady of the first respectability, aged thirty years, was attacked, October 1st, with the following symptoms, viz.: violent fever and acute rending pain in the region of the liver; fever and pain continued some ten days, when suddenly the pain subsided, followed immediately by suffocation, and copious expectoration of thick and very offensive purulent matter. This is a history of the case, as detailed by Gen. S., and during which time she was under the charge of a very skilful Allopathic physician of this city, who pronounced the case *pleurisy*, or *pleuro-pneumonia*. The treatment, as I was informed, consisted of expectorants, antimony, and ipecacuanha, and mucilaginous drinks were used copiously. The pulse ranging from one hundred and thirty to one hundred and forty, the tincture digitalis was prescribed, and continued for about ten days. Her situation becoming more critical, and the lady fast sinking from the continued copious expectoration, I was invited to see her, on the 20th of October, and, on examination, found great tenderness in the hepatic region; copious expectoration of a very offensive character; colliquative perspiration; hectic fever; appetite gone; great debility and extreme emaciation; pulse one hundred and thirty-six; intolerable thirst every evening. The right lung had no perceptible respiratory murmur, and was very dull on percussion. Judging from the crepitous *râle*, there appeared to be a large quantity of pus in the right lobe, extending down to the hepatic region; and from the history of the case as communicated by Gen. S., informing me that the pain and dry cough had been from the first, and the fever resembling diaphragmitis and pleuritis, in connection with the cessation of pain and the sudden suffocation, and copious expectoration which followed, I was irresistibly led to believe it an abscess, which probably had formed on the superior portion of the liver; the inflammation running so high had no doubt produced adhesion of the peritoneal surface of the diaphragm to the part covering the liver external to the abscess

and adhesion of the opposite surfaces to the pleura. The matter thus passing into the bronchia, and expectorated; the expectoration increasing, the lung became very much implicated. In connection with the remedies prescribed by her physician, were wine and tonics, to support her strength.

As she was sinking so fast, the case was viewed as hopeless, and I was solicited to prescribe for her, and did so. Immediately changing the regimen, I ordered brown crusts of corn bread and water, in small quantities, and placed her upon the following remedies, to-wit: *Stannum* and *mercurius*, at the fourth dilution, gtt. v in 23 water, and gave teaspoonful, alternated every six hours.

21st.—Expectoration not quite so copious; rested some better; continued the remedies. There being considerable pain in the right lung and liver, I applied a blister.

22d.—Blister had drawn, expectoration very much diminished; but little pain; rested tolerably well; continued the remedies; dressed the blister with tartar emetic ointment.

23d.—Expectoration slight; considerable cough; gave her *nux vomica*, fourth dilution, gtt. v, to 23 water, teaspoonful every four hours. Continued until the 26th, when there was considerable expectoration, and quite offensive; no appetite and great thirst; complains of burning in the throat; hectic fever and night sweats; gave her *arsenicum*, fourth dilution, gtt. iv, to 3ii water, teaspoonful every six hours. Continued it until the 30th; improving; the night sweats and thirst have nearly subsided; changed *arsenicum* fourth for the sixth dilution, and gave it as above. Continued it until November 2d. She expectorates freely in the morning; pain in the liver has entirely subsided; on percussion, pain in the lung, but slight. Continued the *arsenicum* up to the 10th; improving, until within the last two days; pain in the chest increased; suffering very much; pulse one hundred and thirty-two; considerable thirst; cough dry, with flushing of the face; gave her *phos.*, third dilution, gtt. vi, to 3iii water, teaspoonful every four hours. This was continued until the 14th, when there was suddenly copious expectoration, with cessation of pain; I gave *stannum*, as at first, fourth dilution, gtt. v, to 3ii water, teaspoonful every four hours. Up to this time, I would remark, the blister was kept discharging. She continued on this until the 18th, when I found her much improved; rests well; but little fever; pulse one hundred and thirty, most unfavorable symptom present; quite weak; expectoration very much diminished; no pain in the chest, although the pus, to all appearances, fills a much larger space in the lung than it did previous to this last collection. She was placed on a nutritious diet, with *calc. c.* thirty-first dilution, gtt. i. three times a day; continued until the 24th; pimples make their appearance on the chest; anxious respiration; pain in the chest; pulse still one hundred and thirty; give her *sulph.*, fourth dilution, gtt. iv, 3ii water, a des-

ert spoonful three times a day, and order a glass of new milk every morning. Continue it until the 30th; expectoration free, not offensive; no pain in the chest. On applying the stethoscope, the crepitous rale could be heard in most of the right lobe; percussion gave a very dull sound over the spot where the last abscess formed; gave her sulph., fourth dilution, gtt. iv, to 3iv water, desert spoonful every eight hours. Continue the sulph., fourth dilution, until the 16th December; improving daily; no hectic fever nor flushing of the face now; pulse down to one hundred and ten; complains of nothing but debility. As she had no fever now, I ordered naptha three times a day, and continued the sulph. at the thirtieth dilution, gtt. i. every night. As this treatment was continued from this time forwards, it would be of no interest to trace the case. She improved very rapidly, and on the 25th of January I dismissed her, perfectly cured.

HENRY C. PARKER.

Houston, Texas, January 29, 1850.

Part 3--Editorial and Original.

TWO NATIONAL MEDICAL ASSOCIATIONS.

THE following publication, from the Cincinnati Committee of Arrangements, will show the time and manner of holding the next meeting of the *Old School* National Association:

"In consequence of the delay, up to the present time, in the distribution of the Transactions of the second meeting of the Association held at Boston in the month of May, 1849, the *Standing Committee of Arrangements*, appointed at that time, deem it expedient to give public notice, through the medical periodical press, that the next meeting will be held in Cincinnati, on Tuesday, the 7th of May, ensuing, and, at the same time, they wish to make known to the physicians, who reside in portions of the United States from which few or no delegates have yet been sent, the terms of membership. This they will do, by copying a part of the second article of the Constitution:

'*The Delegates* shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing, in the United States. Each delegate shall hold his appoint-

ment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association.

'Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate.

'*The Members by Invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the Association until the close of the annual session at which they are received; and shall be entitled to participate in all its affairs, as in the case of delegates.

'*The Permanent Members* shall consist of all those who have served in the capacity of delegates, and such other members as may receive the appointment by unanimous vote.

'Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the Association, so long as they shall continue to conform to the regulations, but without the right of voting; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.'

The committee desire, still farther, to give notice that it is their duty to receive and present the reports of any of the standing committees, whose members cannot attend the meeting; and all communications on scientific subjects, which gentlemen, not members of the Association, may desire to lay before it.

It is, likewise, their duty to examine the credentials of delegates and register their names, which it is desirable should, as far as possible, be done before the meeting of the Association, for which purpose the committee will meet on the preceding day.

In conclusion, the committee indulge the hope, that this first meeting in the interior of the continent, will be well attended by its physicians, and all who cultivate the sciences auxiliary to medicine; that no society, college, or hospital, will remain unrepresented; and that many distinguished physicians, not appointed as delegates, will attend, and become members by a vote of the Association.

DANIEL DRAKE, M. D., *Ch'n.*

D. P. STRADER, M. D., *Sec'y.*

Cincinnati, Jan. 31, 1850."

The apparent invitation thus extended to all colleges and medical societies, induced us to write the following letter of inquiry to Prof. Drake, for the purpose of placing in its true position the so-called American Medical Association, by obtaining either a distinct avowal of its policy, or a decided refusal to avow its principles. We wished the public to perceive distinctly that it occupied one of the three following positions :

1st. As a truly National Association of the whole medical profession ; or

2d. As distinctly and avowedly an exclusively Old School Association ; or

3d. As an exclusively Old School Association, not possessing sufficient candor and manliness to avow its exclusive character, nor a sufficient amount of common sense and professional courtesy to treat respectfully its professional rivals—in other words, a perfect embodiment of Hunkerism.

Our position, in reference to these matters, was much like that of a *fire-hunter*, who discovered in the dark forest a gleaming pair of eye-balls, yet felt rather uncertain whether the animal might be his favorite horse, or a ferocious panther, or a much smaller animal of the feline species, celebrated for not very aromatic odors. In this dilemma, before leveling his trusty rifle, he determined to give a friendly whistle, believing that if it should be his gentlemanly horse, he would draw near, or give a neigh of recognition ; if the panther, he expected to hear a characteristic growling and scratching, but if *the other animal*, he expected it would silently disappear in the darkness, and perhaps leave some of its “choicest odors in the ambient air.”

The following letters exhibit the tone of the whistle by which we tested our game :

“ COLLEGE HALL, March 17, 1850.

Dr. Daniel Drake :

DEAR SIR:—In a publication signed by yourself, dated January 31, 1850, the following language is quoted from the Constitution of the American Medical Association :

‘ The Faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates ; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.’

According to the Constitution, thus quoted, the American Medical Association would consist of delegates from *all portions* of the medical profession, organized into colleges, societies, &c., and would possess a truly national character; but as it is generally understood that the Association is to consist exclusively of that portion of the profession called Allopathic, or Old School, in contradistinction from the Homœopathic and Eclectic portions, I would beg leave to inquire what construction will be followed in the present instance. Will the committee, of which you are chairman, recognize the invitation in the Constitution as extending to all "regularly constituted medical colleges" and medical societies, or will they regard Eclectic and Homœopathic colleges, societies, and hospitals as constitutionally prohibited from sending delegates?

Whether any such question will ever arise in practice—whether delegates would ever be elected from the sources above-mentioned, I cannot say; but I desire to understand definitely by your reply, whether the officers of the Association recognize it as embracing the Allopathic, Eclectic, and Homœopathic portions of the medical profession, (as may be inferred from the Constitution,) or as representing exclusively the Allopathic portion of the profession. An early reply will oblige

Yours, very respectfully,

JOS. R. BUCHANAN."

"COLLEGE HALL, April 6, 1850.

Dr. Daniel Drake :

DEAR SIR:—I sent you, through the hands of Dr. Garrettson, a letter, respectfully desiring to be informed whether Eclectic and Homœopathic societies and colleges would be recognized by the committee of which you are chairman as entitled to representation in the National Medical Association, in accordance with the language of the second article of the Constitution. To this letter no reply of any kind has been received, and I learn from Dr. G. that you declined giving any answer, and spoke of laying the matter before the committee; but expressed yourself upon the whole in such a manner as impressed strongly upon his mind the conviction that you had no intention whatever of giving any answer at all, either official or unofficial.

Whatever may be your pleasure in this matter, I wish to give you the opportunity of acting it out in the most public and emphatic manner. If, on account of our differences of opinion in reference to medical science, you wish to convert a *professional* into a *personal* difference, by suspending the usual courtesies recognized among gentlemen, you have the opportunity now afforded, and appear quite willing to avail yourself of it.

If, on the other hand, you prefer to convert a simple letter of inquiry, from one gentleman to another, into an official communi-

cation for a committee, and to treat it with official contempt, I am prepared to understand by such action the unequivocal determination of the official organs of your party to suspend all courteous relations with a large and important portion of the medical profession.

If such should be their determination, it should be distinctly understood, and will be duly appreciated. The Eclectic and Homœopathic portions of the medical profession have already recognized in the proceedings of the Association a disposition to refuse a proper recognition of their professional standing and rights. Under these circumstances, nothing but the most perspicuous disclaimer on the part of the Association, can remove our impression as to its character and purposes. The communication which I have addressed you affords an opportunity for such a disclaimer—it also affords the officers of the Association the opportunity of showing, by their treatment of the communication, whether they wish to maintain courteous or unfriendly relations between the great divisions of the medical profession. Under these circumstances, an answer, whether affirmative or negative, will be respectfully received and properly understood—the failure to respond, if it should occur, will be equally intelligible, as indicating a determination, not only to avoid a frank and explicit answer, but to exhibit the most marked disrespect to the colleges and societies of a large portion of the medical profession.

I remain, respectfully, your humble servant,

JOS. R. BUCHANAN."

As these letters have not yet elicited either the friendly neigh or the ferocious growl, our readers can judge for themselves the character of the game. We think it needless to spend our ammunition upon it. Our object is attained, in showing that the so-called American Medical Association is an exclusively Old School Association, and is now, as it has been heretofore, an embodiment of the most irredeemable Hunkerism. Had such inquiries as those addressed to Prof. Drake been sent from any Old School college, demanding to know whether they would be received, there can be no doubt that they would have been answered in their behalf with great alacrity in the affirmative. The absence of an answer in the present case is, therefore, proof sufficient of an uncompromising determination to maintain the usual exclusive policy in the usual insolent manner.

The NATIONAL ECLECTIC MEDICAL ASSOCIATION, we would again remind our readers, assembles at the Eclectic Medical Insti-

tute, on the third Tuesday of May, (the 21st,) 1850, at two o'clock, P. M. We hope to see a larger number than usual of the army of reform, and to receive fuller reports of their practice, as well as interesting papers upon the various branches of medical science.—B.

PROGRESS OF LIBERAL SENTIMENTS.—A graduate of the Ohio Medical College and the Jefferson Medical College of Philadelphia, who attended the last winter's session of the Eclectic Medical Institute, remarks in a letter: "I was eminently pleased with the course pursued in the Institute. My influence, in future, will be thrown in favor of Eclecticism. I like the principle—it is adapted to the age. I do not think that any party in politics, sect in religion, or school in medicine, should claim to be exclusively 'orthodox.' The human mind should be untrammelled—free to investigate, and at liberty to choose the good and reject the bad of all systems. This is characteristic of the present age."

PROF. HILL'S WORK ON SURGERY.—With his characteristic energy and promptness, Dr. Hill has already entered upon the publication of his important work on Surgery. Such a work has been for many years most urgently needed, and every medical reformer in the United States will rejoice to hear that it will certainly be published in June. Surgery has heretofore been principally in the hands of a bigoted, antiquated race of practitioners, and it will be a most refreshing change to receive an able systematic work from an Eclectic surgeon, distinguished as Prof. H. by a prominent rank in the "vanguard of the army." There are few who can rival Dr. H. in the rapidity of his progress, and the facility with which he seizes every valuable truth in the line of his investigations. We look with eager interest to the publication of his work, as one of the harbingers of the new era, when American medical science shall be amply set forth in American books, and the students of liberal medicine shall not depend upon preceptors and lecturers alone. The reader will please observe (on the cover) the very liberal terms of Dr. Hill's prospectus. We would advise all to remit forthwith, and secure a copy.—B.

ELECTRO-BIOLOGY.

A GREAT number of popular lectures and exhibitions, under the imposing title of Biology, or Electro-Biology, have lately been given throughout the country. Many of our readers are perhaps not yet aware whether these performances come under the classification of science or charlatany. We can assure them that as to the verity of the phenomena exhibited there can be no doubt; and it is equally true that these experiments may, in many cases, play an important part in the treatment of disease. Still, there is a great deal of unfounded pretension, if not actual deception, connected with this matter. The deception lies, not in the facts, but in the mode of presenting them. The facts and principles which constitute what is called Biology, and for which public exhibitors have demanded the sum of ten dollars, (professing to teach it as a secret,) are nothing more than a fragment of Mesmerism, comprising its most imaginative class of operations.

To give these familiar facts a name which, implies some recent discovery, is virtually a deception. To call them Biology, or science of life, a word nearly synonymous with Physiology, is utterly unwarrantable, and no friend of science should sanction such an imposition upon the public ignorance and credulity. The processes of the operators who adopt that name, are precisely the same which Mr. Keely and other Mesmeric operators have used for years past, viz., placing the subjects in a passively impressible condition by gazing upon a metallic substance held in the hand, and then operating upon them, partly by passes, but mainly by commands addressed to their faith and imagination. In other words, the patient is placed in a condition of passive credulity, and then imposed upon by every species of fiction which the operator may devise to amuse the spectators. The patient is a passive tool, controlled in everything by the word of his operator.—B.

LECTURE ON FISTULA IN ANO.

BY PROF. B. L. HILL, M. D.

[*Being an extract from the work on Practical Surgery, now preparing for publication, and intended to give the Reformed Practice of Surgery in full, as taught in the Eclectic Medical Institute.*]

GENTLEMEN: I am about to call your attention to a disease as common as it is distressing, and in the treatment of which I shall depart very widely from established authority.

The author of a recent monograph on this subject, thinks it necessary to inquire why such an affection as that in question, and one so often naturally concealed by the sufferer, should be a subject of such general interest, even to non-professional persons.

For every disease, however, there is necessarily a class of persons more deeply interested than even medical men—the sufferers and their friends. This interest is of course more manifest in respect to chronic disease than acute, especially when it is one of great but gradual fatality, and of rare and uncertain cure. It is well perhaps that the non-professional public are not quite so indifferent about medical matters as some professional dignitaries would seem desirous of having them. The people generally will find out by and by, that it is not only their “right,” but their *duty* to look into what their physicians and surgeons are doing *with* them, as well as what their lawyers and politicians are doing *for* them, in matters of less consequence, and what their priests and preachers would *have* them *do* in matters of still greater moment. A more intelligent public and more inquisitive patients, are what the profession greatly needs, to make it more industrious in the acquisition of knowledge, and more cautious in reducing it to practice.

“The interest taken in fistula, both by the profession and by the public, can be accounted for,” concludes the author alluded to, “only on the well-ascertained fact, that the disease does not admit of remedy, except from an operation which was formerly one of great suffering, and even of considerable danger.” This curious

* Prof. Syme, Fel. Roy. Soc. of Edinburg.

passage implies not only the absolute necessity, but the *present* safety and matter-of-course *success* of the operation! I have no doubt that every one of you is separately acquainted in his neighborhood with cases which imply something very different from this, and explain the public interest in the subject by something more than the mere "fact" of an operation. The *real* fact is, that the disease is not only not cured without the operation, but often operated on in vain, and not unfrequently rendered worse than before—or, rather, converted into a new and more distressing surgical disease.

The term "**FISTULA**" is applied to all ulcers that have a long passage and narrow opening, through which the products of ulceration or the contents of natural cavities find exit. It is this latter circumstance, or their opening into some cavity of the body, that more strictly distinguishes "**fistulas**" from other "**sinuous ulcers**."

Of **fistulas** generally, it may be observed that they are ulcers of an obstinate character, having no tendency to heal, their sinuses being fortified by callous growths, though almost always exuding a sanious matter, or suppurating unhealthily.

The neighborhood of the anus is particularly liable to fistula, not only from functional derangement of the rectum, but from the laxity of the cellular tissue, causing any abscess or ulcer that forms there to become diffuse, and the mobility of the sphincter preventing the healing process.

"**FISTULA IN ANO**" is, therefore, understood to imply the result of any abscess about the rectum, which *has opened* either just within or without the anus, or *both* on the external surface and into the bowel. The last condition is necessary to constitute

"**Complete Fistula**,"—an open communication from the outside of the body into the rectum; one end of the ulcer opening on the cutaneous surface, the other on the mucous.

The "**Incomplete or blind Fistula**," may connect by its open end either with the skin or the gut, being thus either a "**blind external**" or "**blind internal fistula**."

The **sinus**, or fistulous pipe, is very rarely simple or straight. It is commonly not only tortuous in its course, (agreeably to the popular usage of the kindred terms, "**sinuous** and **sinuosity**,") but branched. Several sinuses may thus exist where there appears only one, or several distinct openings be internally connected, or

spring from the same source. This source or origin of the sinus, is always

An abscess, walled up with hard cartilaginous matter, which is generally continued along the whole course of the sinus or sinuses. The lining of the pipe appears itself a semi-cartilaginous formation, but is to be regarded as a proper mucous membrane, which has the property of continuously secreting the thin yellowish pus, characteristic of fistula.

Notwithstanding this induration, fistulas are always extremely tender to the touch, so that it is difficult to probe them, until their morbid irritability has been allayed by appropriate applications.

If neglected, the local irritation and inconvenience will not long be the worst symptom. Irritation of the lungs is so frequent an accompaniment of this disease, and fatal consumption so often the termination of badly managed cases, that fistula in ano has even been looked upon by some as a sort of *alternative* or *safety-valve* for phthisis pulmonalis!

The most probable cause of the frequency of fistula in this part was before alluded to. Besides the peculiar anatomical structure of the part, and the liability to derangement of its physiological function, external injuries and foreign substances lodged in the rectum have been known to be the remote causes. Habitual costiveness, or, rather, inattention to the calls of nature for evacuation, may no doubt give rise to fistula, as it does to stricture of the rectum—the mucous membrane “giving way” to pressure in the former case, instead of being *hardened* to it as in the latter. Ever so little fecal matter would thus be the commencement of an abscess, which might become a fistula, though the crevice in the rectum should heal, and no fresh irritation occur from that source. Constipation, however, and “torpidity of the liver,” are by no means necessary conditions to the formation or continuance of fistula. Erysipelatous inflammation about the anus is still more likely than phlegmonous to degenerate into this kind of ulceration. Long neglected piles may easily become fistulas.

If you have to treat a case in the incipient stage—which, by the way, will rarely happen, the necessity of early attention being so little known,—when an abscess has formed near the anus,

but no fistulous pipes are yet clearly developed—make use of the usual means to allay inflammation, such as fomentations and emollient poultices, with diaphoretics and cathartics.

If there is evident *fluctuation* near a convenient part of the surface, *puncture*, or, what is generally better, *open* freely with *caustic potash*. Have an orifice large enough for all the pus that has formed to pass out as readily as possible. When this has happened, and everything is favorable, *heal* up as soon as you can, taking care not to allow the surface to heal before the abscess fills up.

The *abscess* should be cleansed daily with soapsuds, and if it manifest the least disposition to become indolent, stronger alkaline lotions must be resorted to. Means to keep up steady compression, where it is practicable, will be beneficial. But you will not often be called on with a view, or in time, to *prevent* fistula—seldom, indeed, in any of its earlier stages.

When an abscess near the rectum is left to *open* itself *spontaneously*, it will often be by several orifices, the discharge appearing to come from different points in the surrounding cellular tissue. Some of these openings soon close up, while others, if not prevented by proper measures, will continue to discharge a more and more unhealthy pus, and become indurated and regularly “fistulous.”

In such a case, wash out the *opened abscess*, and *all the sinuses* that can be discovered, with soap and water, several times a day, applying a slippery elm poultice in the intervals.

If it does not seem inclined to heal, or assumes an *unhealthy* appearance, substitute the solution of vegetable caustic as a lotion, weak at first, but gradually stronger, until the unfavorable symptoms subside. Then resume the simple soap-suds. Besides your emollient dressings, keep up as great an amount of

Compression, as the patient can bear. The “T bandage” may enable you to effect this object. If, however, the parts are not perfectly soft or free from callous, compression will do harm.

These means, with *rest* on the patient's part, will often suffice to cause a very threatening abscess to heal up, instead of becoming a confirmed fistula. But if the case has been longer neglected, and become

The true fistula, with hardened pipes, pouring out sanies instead of good thick pus, something more will be necessary.

The *general health* will then have to be regarded.

Costiveness must be removed, if present, or prevented, if necessary, by a mild cathartic, at first; the bowels being afterwards kept regular and rather loose, by attention to diet alone, or, if that is not sufficient, the gentlest aperients.

If the lungs are affected, as is apt to be the case, they must be treated according to the symptoms, or as if they had taken on disease independently of the fistula. The pulmonary syrup will probably be a suitable remedy.

The alkaline bath (see *Introd.*) should be made use of in all cases, with proper friction and other measures for keeping up a free and healthy action of the skin.

But though these measures are necessary to sustain the general health of the patient, they would of themselves effect little or nothing towards the *removal* of the local disease. This is one of the few chronic cases in which local treatment is nearly all-important, and alone to be depended on for *cure*.

This is the condition in which established "authorities," and all routine practitioners "subject" thereto, consign their patients to the tender mercies of the knife.

For "*the operation*," I shall *not* refer you, as usual, to the *Operative Part* of the Course; because I would never sanction a measure so often worse than useless, when we can effect the object in view by others, so much less objectionable, safer, and more certain of success.

"The operation," by the way, is simple, and its object rational enough, were there no other means of attaining it, and *were* it oftener secured by that measure. The fistula is connected with the rectum, the sphincter being cut through, and kept from uniting again until the ulcer heals up to it from the bottom; that is, sometimes kept open forever after!—the patient losing all control of this important excretory organ, and being subjected for life to an annoyance far more disgusting and distressing than any fistula, and more deprecated by many than death itself.

This "laying open," as it is familiarly called, and of which the books speak as if it were a mere trifle—as to the *mere operator*

it no doubt is—this “operation for fistula in ano,” is the sum and substance, the beginning and the end, of “regular treatment.”

The *success* of this “sole reliance”—to say nothing of its occasional fatal, and frequently *worse* than fatal consequences just alluded to—may be judged of by the fact that a large majority of the worst cases *we* are called to treat, are those which *have been* operated on. When not killed or cured, they are of course invariably injured by being “laid open.” *This* is in private practice. Could the remote as well as immediate results of *hospital* “operations” be “laid open,” what a “cutting up” business would it not be? Could grave-yards speak, (or did their *registers* record, as they should, the causes of mortality,) I verily believe we should find that one-half, if not a far larger proportion, of all who are affected with this variety of fistula, ultimately die, either from the effects of the uncured disease, or of the “surgical cure.”

Yet one of our surgical authorities* tells us briefly, that the “treatment of fistula in ano is simple, and *if* the disease be merely local, usually quite effectual”! He is even so well satisfied of this, that he advises us to allow abscesses about the anus to become fistulas! because, forsooth, their cure is then so very “simple and effectual”!

This favorite operation, I was about to tell you before, will be found described in every surgical work. You can refer to any of them if you ever choose to have recourse to so easy and mechanical an expedient—barbarous and murderous, I ought to say; for such it would be in *you*, when you know better, but prefer a chance to “operate,” to certain success by more troublesome, though less *fashionable* means.

If you prefer to run the risk—I should say, to subject your patient to the risk, for *you* incur none—you can have any amount of *authority*, to hold you *harmless*! If you cut and kill, *your* life is in no danger. Every book likely to be consulted will bear you out, except one, and that one forgets to tell you what better to do! Of all our American writers, at least, Gibson alone raises a dissenting voice against the otherwise unanimous opinion; but in doing so, he substitutes no satisfactory course of treatment.

“An opinion very generally prevails,” observes Prof. Gibson,

* Miller, Practice of Surgery, p. 289.

(Surgery, vol. ii. p. 161,) "that every fistula in ano requires an operation. *There cannot be a greater mistake.* So far from it, that almost every case, where the patient is tolerably healthy, *might*, I am inclined to think, *be healed*, if attended to in the commencement and judiciously managed. Nothing will contribute more to this end than absolute rest, simple dressings, moderate diet, and mild laxatives. I have known a fistula protracted and kept open for months, while the patient walked about, and healed in a week by perfect quietude and the horizontal position."

If this be so—if means so simple can lead to a cure in favorable cases, why should not measures a little less "simple," or more powerful, be directed in still more advanced stages; and how mischievous must be the effect of the "generally prevalent opinion," that nothing can be done to prevent or supercede the necessity of "*the operation.*"

If something more effectual were used, than the Philadelphia professor's "simple dressings," no doubt, with his other stringent conditions (if any patient could be induced to submit to them) of "absolute rest," or "perfect quietude," and "the horizontal position," many cases *might* be successfully treated, even without recourse to the ligature. That measure, however, is generally indispensable in all confirmed cases. It does not exact such an absolute *prostration* of the patient, and may be said, with the proper adjuncts, to *insure* success.

[NOTE.—To show what a hobby of *operative* surgery this unfortunate disease has been made, and how authority sustains (by *repeating*) itself, I will subjoin a few quotations. To begin with a popular book of Reference :

Gardner's recently corrected edition of the well-known Hooper's Medical Dictionary, lays it down, (*in toto*,) without any qualification, that "the cure is by a surgical operation."

Another recently *got up* American work is quite as positive : "The only effectual treatment is the division of the sinus and the sphincter ani muscle."—(Hastings' Surgery, p. 278—Philadelphia, 1850—a compend from Druitt, Gibson, &c.)

"The grand remedy," according to Druitt, in his careful digest of established English practice, p. 253, "is the division of the sphincter ani, so as to prevent the contraction of that muscle for a time, [how often forever!] and cause [how often?] the fistula to heal from the bottom."

Would it not seem that *medical* surgery had taken a disgust at

the part concerned, and given it over to *dissection*? One only of our American writers is a little more hesitating or discriminating than the rest. His language (as quoted in the text) is quite a rebuke to the orthodox dictum, but unfortunately it is unaccompanied with any sufficient or satisfactory directions for a better practice than that fostered by the prevalent "mistake."

Our German brethren are much more discriminating in their judgments, as well as comprehensive and profound in their inquiries. It may be instructive to show to what an extent these mental and *geographical* differences affect men's opinions. I have before me the second edition of an elaborate work of established authority, as I have every reason to believe, in Germany, though of recent date. It consists of three volumes, with a folio accompaniment of splendid plates, all devoted exclusively to *Akiurgy*, (that is, knife-surgery,) or that *part* of Operative Surgery usually requiring bloody operations. Yet in treating this particular affection, for which *our* authorities resort to the knife alone, the author restricts its use to so few and exceptional cases, that it is equivalent to a proscription of it altogether. A critical history of treatment, *modern* as well as ancient, the whole biography, so to speak, and bibliography of the disease, is given with truly German minuteness and accuracy. The most recent eminent surgeons of England and France are quoted, in corroboration, or for the purpose of justifying a dissent from their conclusions.

Of the four methods of cure—by Ligature, Incision, Excision, and Cauterization—the author considers the first two the only ones *not* antiquated. *Liston*, and other of *our* Operative Surgeons, dismiss the subject of ligature as out of date, because formerly associated with the *actual* cautery. With all his learning, the German Professor does not seem to have heard of or suspected a combination of the first and last named methods, so as to secure results altogether unattainable by either separately. This is *the American method*, not yet known to even German erudition, because our American professional *literati* have been too busy republishing or pirating English and French authors, to have had time to give back anything new of their own.

After fully discussing, then, the question between the ligature and the knife, our author gives the former a decided preference: "Verdient die Ligatur im allgemeinen den Vorzug.—Sie ist mit aufnahme der S. 261 genannten fälle ueberall angezeigt."

These excepted cases, in which he allows that incision may be admissible, are either so *very exceptional* as to be out of the question, (as, for instance, the possible complication of *stone* in the bladder, which would certainly indicate the use of the *knife* in a different *direction*,) or such as really afford additional reason for the ligature with *our* accompanying means, (they being precisely the means *we* should use for "malignant or suspicious" disease if

unconnected with fistula.) The only plausible objection to the ligature is confined to the single circumstance of the *outer* orifice being so far from the anus that it would be too long in working its way through—a difficulty which we have not experienced, or, rather, as I have explained in the lecture, which resolves itself, in a *medical* view of the operation, into a positive *advantage*. In these apparent exceptions, moreover, our author premises all the time that the fistulas in question are not old or “hard cases”—“Noch nicht alten fisteln—nicht starker callositaet der fisteln”—that is, that they are not bad cases at all, but such as he had before admitted *might* be cured, by proper medical treatment, without even tying, much less cutting.

Lest we be suspected by those to whom this information will be so strange, in their confidence in *partial* authority, and as this valuable work has not yet been translated into English, we will give, not all he says favoring our views, but just one paragraph, in which he lays down formally the cases *for* the knife.

1ST METHOD—*Incision*”—

indicated in still *recent cases*, (noch nicht alten fisteln) particularly if there be many branches, or the outer orifice be far from the anus, because the ligature would then take too long in working its way through,—where it is desirable to lay open the bowel for the very purpose of exciting stronger and more continuous inflammation—in complication with malignant or suspicious disease of the neighboring parts, which the ligature might render worse, or with foreign bodies, stone in the bladder, for example:—

—*Contra-indicated* in fistulas, the *inner* opening of which is more than an inch and a half [$1\frac{1}{2}$ zoll] above the anus,—where there are many or large hæmorrhoidal tumors,—when the fistula has become much hardened with callus,—[bei starker callositaet der fistel] or when there is great irritability of the rectum, risk (or rather *apprehension*—besorgnisse) of a secondary affection or habitual diarrhœa.”—[AKIURGIE VON ERNST BLASIUS, M. Der. C., Prof. der. chir. an der König. Universität zu Halls—III Band, 261 P—Halle 1841.]

The ligature is less objectionable than the knife, not only inasmuch as it is less alarming, and, when properly applied, less painful to the patient, and on account of the subsequent treatment being simpler, less confining, but its comparative slowness is itself an advantage. It *gradually* substitutes a healthy for an unhealthy action of the parts, by removing the cause of the latter; and thus not only obviates the liability to relapse, but the greater danger of other diseases occurring on the too sudden drying up of

an accustomed drain. This danger it is so considerable that it is, in some contingencies, held as a sufficient reason for not curing fistula, and in others, of only venturing on it with the precaution of setting up artificial issues in other parts! With the ligature, moreover, there is no danger of fatal hæmorrhage from the hæmorrhoidal vessels, or even temporary loss of control over the sphincter, as the division made by the cord usually heals behind it as it goes, if allowed to do so. Another danger obviated is that of inflammation from an extensive wound, in a delicate part and an enfeebled patient.

Dismissing, therefore, all thought of *the* operation, in *your*

TREATMENT OF CONFIRMED FISTULA,

the first thing is to ascertain as precisely as possible the magnitude, direction, and the number of sinuses.

The probing however, for this purpose may have to be delayed in consequence of the irritable condition of the parts. In such a case, make use of the bitter herb fomentations two or three times a day, together with emollient poultices. Keep the patient perfectly quiet. The bowels should be gently moved by the compound powder of senna, or some other mild hydragogue.

After a short time, under measures of this kind, the patient will be able to bear the operation of probing, though it may even then be quite painful. Having thus ascertained the state of the case,

If the fistula be already "complete," and large and direct enough for your purpose, arm a common silver probe with your ligature. For this purpose, the best material is saddlers' silk, doubled. Pass your threaded probe from the external to the internal orifice. When it is through, turn the outer end a little upwards, that the other may be seized by your finger in the rectum, and the string brought down. By separating the nates, you may be able to see the end of the probe and ligature; or the rectum may be dilated, and the operation facilitated by the Speculum Ani.

The two ends of the ligature are to be tied as firmly as the patient can bear, and afterwards drawn a little tighter every day. This tightening is commonly effected by rolling on or twisting with a piece of wood. A better plan, at least according to my judgment,—since I have been at the trouble of *inventing* it, though not of

getting a patent,—is, before tying, to let the ends pass through a large vial cork from end to end, separating three-fourths of an inch at the outer end, and passing over a little wooden roller, fitted to radial grooves cut on the end of the cork. These notches will hold the stick, after turning or twisting like the fall of a windlass. The surface is thus less irritated, the pressure of the cork being more equable than any “toggle” fixed there.

If there are several sinuses, they should all, or the principal ones at least, be treated in the same manner.

While the ligature is on, the parts should be fomented every day, and every sinus thoroughly injected two or three times a day with our usual alkaline lotion. The vegetable caustic in powder should also be inserted, by means of pledgets of lint. These must be “crowded in,” and allowed to remain till the next dressing, that the caustic may gradually dissolve, and have its proper effect upon the cartilaginous growths.

As soon as the ligature has cut its way completely through, foment and poultice, continuing the Vegetable Caustic, completely filling whatever fissure may remain with the armed tents. Every part will then rapidly heal, the caustic causing no impediment to the process, but rather seeming to stimulate to a more healthy and rapid granulation.

When the restoration is nearly complete, and but little matter is discharged, the parts feeling soft and natural, the poultice and fomentations may be dispensed with, and the black salve, or some other simple dressing, substituted.

There is no danger from this course to the sphincter muscle, the healing process, as was before remarked, following up the ligature, and being generally nearly complete before it comes away. It is sometimes even necessary to prevent this, and keep the fissure open until the proper dressings have removed all callus; after which it can always be readily healed up.

Should there be other sinuses branching from or leading into the main one, they must not be closed until all callosity at their extremity or along their course has disappeared, and the parts seem natural to the touch and without soreness.

Enlarge all such branches by the armed tents. These are best made of hemp-cord, well charged with the caustic, after being moistened a little, and retwisted of the size required. The

size should be increased, as the orifices of the pipes permit, being careful to keep the original sinus well distended while you are dressing the others. These measures must be every day repeated, until all appearance of callosity has gone, when milder dressings may be made use of, and the parts allowed gradually to heal.

If your case be a "*blind internal* fistula," ascertain the point where it approaches nearest the external surface. Open with a pointed probe, or by caustic potash, and having it thus "complete," proceed as before directed.

If it be a "*blind external* fistula," it need not always be made "complete." By the measures before directed, and particularly the persevering use of the armed tents, it may very often be cured "without the operation" even of the ligature.

If, however, it be a very *bad case*, and remain obstinate or get worse, *after* the proper applications—

Insert the armed or threaded probe clear through the bottom of the sinus, into the rectum; bring the ligature out; and proceed as before directed for "complete fistula."

But whenever, on passing your finger into the gut, you can discover a hard lump at the upper extremity of the sinus, you ought not to delay, but

Perforate the rectum, and introduce the ligature at once.

This laying open of the source of the original sinus is the safer way, inasmuch as the secondary branches, as well as this callus reservoir, can thus be reached, and easily overcome by the process before described, if you take care to keep open a large orifice by means of the tents.

Recollect that the Elm Poultice (kept on by a "T" bandage) should be used over the affected parts during the whole of the caustic treatment—

The peculiarity of this cure consisting in the callosity being dissolved and carried off by the *suppurative process*, the fistulous ulcer being made to heal by *healthy granulation*, and leaving no trace of the morbid formations.

I ought to inform you, and *you* your patients, that it frequently takes from three to six months to cure a bad fistula in ano. There need be no anxiety, and should be no misunderstanding on this point. A much speedier cure would not perhaps be desirable in all cases, even were it possible.

It not unfrequently happens, that when you are called on to treat a long neglected or mistreated case, the patient is laboring under severe *pulmonary difficulties*, or even already in an advanced stage of *consumption*.

This is the condition in which, according to the books, to cure fistula would be wrong!—the complication which renders even “*the simple operation*” not advisable. The removal of the disgusting local nuisance *by the knife* has been followed by fatal consequences. The damming up a *crevasse* in the river’s bank, without clearing out the natural channel, has been found worse than useless. Therefore, nothing ought to be done! The soul’s lease-hold of “the house it lives in” now depends on not venturing to obviate the inconvenience of a smoky chimney.

But be assured that a proper cure of the fistula in ano will be your best chance of *preserving* the lungs and the life of the patient. Even where the case is too far gone for a restoration to perfect health—where your object is only to retard the fatal *progress* of consumption, your first step towards it is to restore the healthy function of *every other part*, and put an end to every source of irritation and aggravation.

As to the danger of “drying up a long established drain,” you will observe that in our mode of “curing up” fistula, instead of at once arresting, we for a long time *increase* the drain from the affected part, changing it, at the same time, from a self-perpetuating sanious and fœtid character, to a soothing, self-limiting, and sanative suppuration.

When the lungs are not so seriously affected, *their* disease subsides as soon as the free and healthful discharge is excited about the anus. In numerous cases, where the sufferers seemed far gone in consumption, the fistula treatment was all they required to arrest the pulmonary disease.

I recollect a gentleman coming from the northern part of the State to this city, so reduced by apparent consumption, as well as anal fistula, that his friends took their last farewell of him, fully persuaded that he came here but to end his sufferings in death. In four months, he was restored to them in perfect health, as fleshy as he had ever been in his life, and he has since continued to enjoy better health than before his “latter end” was so doubly threatened.

His "consumption" was indeed deeply *seated*—fundamentally fixed—but fortunately in the pelvis, instead of the chest.

Many other such cases I might mention; nor do I recollect one instance out of more than fifty, treated either by myself or Dr. Morrow, in which the patient did not entirely recover, or in which he appeared to suffer any inconvenience from *not* having fistula!

I have at this time a patient who, four months ago when I commenced treating him for fistula, was pronounced by experienced physicians, far, if not fatally, advanced in consumption. He is now quite fleshy, and, according to his own account, in better health than he had known for five years previous—though the *fundamental* restoration is not yet quite complete. He had, when I first examined him, no less than five distinct fistulous openings—two of them extending three or four inches up along side the rectum, and discharging their foetid currents through the edge of the gluteus muscle, about an inch from the anus. There are now but two little ulcers, not an inch in depth. I shall soon send about his business this other victim of *phthisis pelvo-fistularis*!

Yet why are we allowed exclusively to claim this amount and kind of success? The principle of treatment did not originate with us, (though the *measures* necessary to make it effectual *did*), nor have we sought to confine its knowledge to our own ranks. We make no pretensions to any *knowledge* which others *may* not have. It is of what they *do*, or, rather, what they *fail* to do, that we complain. Why is not this, in default of some other equally successful treatment, diffused over all the length and breadth of the land, till not a sufferer remains for us individually to relieve? Why is it not taught in any of the thirty-seven Old School colleges of the land, nor mentioned in any "established" text-book that can be named, unless for the purpose of indiscriminate disparagement?

The main features of this "cure" were adopted more than a generation since by Dr. Beach, and published over twenty years ago in his "American Practice." It has been publicly taught in the Reformed Schools of New York and Worthington, and for five years now in Cincinnati. All who have learned and practiced it have been well satisfied with the results. Still, simple, rational, and certain of success as is this course, nothing like it is anywhere taught, or anywhere practiced but among us, and a few scattered

individuals who have learned or *stolen* from us. (What I mean by *stealing*, I will tell you presently.) Science is a robbery when it is thievishly appropriated. The grand or petty larceny, in this case, depends not on the using, but *abusing* the thing—not on the way of getting, but *forgetting*.

So obstinately blind, I was proceeding to say, are the regular or *routinier* profession to all improvements in medicine, that do not come to them through already established authority, that thousands of patients have been allowed to drag out a miserable existence, dying at last of this very disease, or its mere mechanical treatment, since the effectual means of a safe and radical cure have been published to the world. Though the plan has been so openly practiced by us, with such evident success, yet the great mass of the profession, instead of adopting it, with or without acknowledgment, which latter they have in some others instances condescended to do, have in this case permitted the “open secret” to be practiced under their nose, upon patients taken out of their hands, by a practitioner who pretended to exclusive possession of it!

I allude particularly to the notoriously successful, but none the less disreputable, practice of a person who attended the lectures of Dr. Morrow, in Worthington, some years ago. He located himself in Kentucky, where several bad cases of this disease fell into his hand. He cured them, *of course*; which was a thing so unexampled in that part of the country, where the superiority of the Reformed Practice generally was so little known, that he gained quite a *personal* reputation in consequence. Plenty of other such “incurable” cases came from all the country round, until finally he found it to his interest to give his whole attention to these and similar chronic or neglected cases. His success was such as usually attends the efforts of educated Eclectic physicians. But I regret to say, that the Reformed Practice, so beneficial to him, has not received *from* him the return it deserved. So far from acknowledging, like a liberal and high-minded man—that is, like a physician—the source of his success, and thus extending its benefits to the profession and mankind at large, he has not only claimed the practice as original with himself, but, still more meanly, has kept as a profound secret, these *pretended* discoveries, which it is well known he was taught by Prof. Morrow. He, however, goes so far as to publish a book “on anal diseases,” which is nothing else

than an advertising puff of the author and his practice; for it throws not one ray of light on the subjects treated of, not even pretending to develop the means by which the boasted success is attained. *Negatively*, indeed, he has said something on the subject. He has found it necessary to state that he does not practice upon the same principles as Dr. Beach and the Reformed School in general. The statements of his patients, however, prove clearly that if he does not use precisely the same remedies, he applies very similar ones, in the same manner and with the same results. While I would not say one word to depreciate the talent, skill, or learning of Dr. * * * *, I must condemn most unqualifiedly that disposition which prompts such a man to withhold honorable acknowledgment of benefits received, and to keep to himself valuable knowledge, from the contemptible consideration of pecuniary advantage, or the still more contemptible vanity of being considered the sole possessor of such plagiarized knowledge.

I hold, not only that it is the duty of every practitioner to be an improver and teacher of medicine—to communicate in every possible way, and at the earliest moment, any valuable remedy or mode of treatment not generally known; and not only that the selfish *concealment* of such knowledge is a crime against humanity; but, I hold farther, that the *divulging* of such *secreted* knowledge—the publishing of any privately appropriated remedy—is a praiseworthy act.

I do not make these remarks as new, but because I believe the occasion calls for them. The condemnation of secrecy has long been the common conscience of the profession. For ages past, all honorable physicians have published their most prized and often hard-earned discoveries, however profitable they might have made them as secrets.

When the public universally understand that honorable men will not keep valuable remedies secret, they will also understand, as a necessary consequence, that in at least nine out of every ten pretended valuable, or “invaluable remedies,” the whole value consists simply in the *secrecy*. The nostrum-monger condemns himself, and glories in his shame. If the thing is all he claims for it, he ought not to keep it to himself; if, as is most commonly the case, it is nothing either new or peculiar, he is a liar and a cheat.

T H E

ECLECTIC MEDICAL JOURNAL.

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Part 1.---Original Communications.

LECTURE ON CHRONIC ULCERS OR "OLD SORE LEGS," "FEVER OR BRANDY SORES."

BY B. L. HILL, M. D., PROFESSOR OF SURGERY, &c.

[Being an extract from the work on Practical Surgery, now in progress of publication, and intended to give the Reformed Practice of Surgery in full, as taught in the Eclectic Medical Institute.]

CHRONIC ULCERS:—*Their frequency and supposed incurability—Description—The whole limb affected—Treatment of sore, limb and constitution—Local treatment to be long continued—Old School treatment—Its deficiency and failure—Bathing and revulsives—"Ought old sores to be cured?!"*

I CANNOT quit the subject on which I last addressed you, (ulcers) without calling your attention to another species of the ulcer genus which I have taken the liberty of adding, under the truly descriptive, if not very classical name of

OLD SORE LEGS !

That my species is of more importance than any of the others, must be evident, if for no other reason, than for this, that it *includes all* the others,—the same limb often producing specimens of the indolent ulcer, the irritable, the varicose, and perhaps, too, at the same time, one or two in tolerably a healthy condition.

These cases will often be brought under your notice as "*fever sores;*" and as they not unfrequently afflict those who are, or have been

hard drinkers, they are also called in many parts of the country "*whiskey*" or "*brandy sores*." Though intemperance, as this name implies, may have been the principal cause, "signing the pledge," or even the keeping of it, will not always be sufficient to obtain a remission of the penalty. Physiological sins are not pardoned on simple repentance.

But unfortunately the sinners or sufferers lack *faith* in the Old School ministry, and little wonder!—They have often gone the rounds of the profession, consulted every doctor within their reach, been treated or maltreated in hospitals and in private hands; and if their general health, which is often tolerably good, escapes *this* great additional danger, the only result is that they get resigned to their original affliction as well as the disappointment, and can hardly be brought to believe there is for them any "*balm in Gilead*,"—any hope from surgery. Few cases come into our hands that are not of long standing. I have had them ten, twenty, and even thirty years old.*

Although the patient is apparently well, and will tell you that his general health is perfect, he is often more or less lamed, (the ulcers being deep,) and suffers much, particularly at night. The chief suffering is from the heated state of the parts, which is so great that cold water affords no sensible relief, and you will often find that even in the coldest nights, he lies with the limb entirely uncovered. But grown accustomed to the evil and faithless as to any remedy, the sufferer makes no complaints and calls for no aid.

His cure however is not hopeless, though he is past hoping for it. Of however bad a character and long standing may be the case—and though all the "*eminent*" surgeons and doctors in the country may have failed,—*you* need not fail, and will not if you resolutely apply the course I shall lay down.

One peculiarity of these ulcers was alluded to: they are often from an inch to an inch and a half deep. Your patient may suffer much more from the swelling, where there is no open ulcer at all.

What I wish however to call your attention to more particularly—aside from the character of the ulcers themselves—is the *condition* of the *limb*. This is hardened as well as swollen, and in some instances not to be distinguished by the touch from bone.—Not unfrequently the patient will inform you that Dr. Somebody or other has pronounced it an incurable "*enlargement of the bone*," and thrown out a pleasant hint about amputation in prospect! Around the ulcers and at other points where ulcers have formerly existed,—sometimes the limb all over, from ankle to knee, is as *dark* as a negro's leg: where the cuticle scales off, as often hap-

*In one case of *thirty-five* years standing, where thousands had been spent for medical treatment, a complete cure was effected in a little over twelve months.

pens, ~~as~~ leaves a shining, bluish or livid surface, which becomes *white* on *pressure* with the finger.

In actual *treatment* the condition of the ulcers must be first considered, though they are in reality of trifling importance compared with the condition of the limb; which latter requires treatment just as much, whether at the time there happen to be open sores on it or not.

If the *ulcers* are of the *indolent* character, with thick tough pus adhering to the bottom, hard callous edges turned outward, &c., your first care must be to cleanse them thoroughly. Your best means for this purpose is the mild powdered caustic, filling or completely covering the ulcer with it, and then putting on a slippery elm poultice. This dressing should be renewed as often as every ten or twelve hours. In the course of thirty-six or forty-eight hours, the pus will easily wash off, and the sore present a florid and comparatively healthy appearance; and the *edging* especially be much softened.

If, on the other hand, there should be any *irritable* ulcers, emollients must be resorted to. The whole limb must be subjected to the vapor of "bitter herbs," (see introduction,) boiled in vinegar. The best way is to place it over a vessel, into which the ingredients are put with boiling water or vinegar, steam being kept up by hot bricks, covering the whole with a blanket to prevent the escape of the steam, (see introduction.) Keep it up for at least an hour, and repeat the operation once or twice a day. Meantime bathe the affected *limb* with some stimulating wash, one composed for instance, of the spirits of turpentine, one ounce, and tinctures of capsicum and camphor, each two ounces, sheathing the ulcer from its effects for awhile by a simple cerate spread on linen.—This liniment should be applied immediately after the steaming.

When these points are attended to, proceed with your most important measure—the *bandage*. It should be about two inches and a half wide. Begin with it at the extremity of the great toe, so as to compress it equally all round. At the next turn include the second toe, and so on with the others, one at a time. Then go on smoothly and firmly all over the foot, first placing compresses in the hollows round the ankle, so as to have equal pressure at every point. Continue to the knee, or should the state of the limb require it, include even the thigh also,—one of the principal objects being, you should bear in mind, to aid the returning circulation. Let each layer of your roller overlap the preceding for at least two-thirds of its width. When the limb is tapering, (as just above the malleoli,) it will not lie smooth unless you fold it over itself and slightly change its direction at almost every turn. When you have reached the knee or as high as you wish to go, bring it, in the same manner down to the foot again, taking care

to use less force than before, lest you should drive the blood downward.

I have been thus particular about the application of the bandage, because if you omit it, your other means will probably be of no avail, and if you apply it badly, you may do positive mischief. Any part left constantly uncompressed by unskillful bandaging, will soon become sore, and probably break out in an ill-conditioned ulcer.*

Take off and reapply the bandage every night and morning, wetting it thoroughly in cold water each time *after* putting on and as often as it may get dry. Or the wet roller may be covered again by dry ones, or one of oiled cloth, to prevent evaporation; this may be more necessary at night, the patient's own *sense* probably keeping him attentive to it during the day. If the bandaged limb is dipped in water, take care that it be not kept in so long, or that the water (however applied) be not so cold as to occasion any sensation of chilliness.

But a short time will have elapsed under this treatment, continued from day to day, before the *ulcers* will have healed; but the *cure* will still be very far from complete so long as there is any hardness or discoloration in the limb. For this reason the same applications should be continued.

If the cure prove tedious, change your lotions for others not less stimulating; to which should be added some strong vegetable astringent. The system, or any part of the system, may get accustomed to a particular article, yet retain its susceptibility to others of the same general character. Besides this alternation of washes, I have often treated the obstinate limb with as strong a solution of the caustic (the sesquicarbonate of potash) as could be borne without taking off the skin, or a very strong solution of the bi-carbonate (salæratuſ.) I regard these alkaline lotions as among the most powerful discutients in the *materia medica* for all kinds of indolent swellings. They may be advantageously alternated with a strong decoction of white-oak bark.

After the ulcers have healed, the swelling gone down, and the whole limb has assumed nearly its natural shape and color, there may still remain some hardened tumors resembling cartilaginous

* It is a curious illustration of the slow progress of improvement, that a surgeon of one of the London hospitals or infirmaries, has recently published a work in which he advocates this measure as something novel! The editor of the *British and Foreign Review* takes the occasion of remarking that if unknown or neglected in the great metropolitan institutions, it was by no means so in some other parts of the country. In this country I know that my colleague, Dr. Morrow, has been in the habit of insisting on its indispensable importance as far back as 1830 at least. And the most distinguished surgeon of the west, Professor Dudley of Lexington, is well known to have made it quite a *hobby* for a much longer period, the *philosophy of the bandage* occupying quite a prominent place in his course of surgical instruction,—to the exclusion, I am told, of nearly all other *local* means.

tubercles, generally about the ankle. These should be *scarified*, so as completely to disorganize them; and the compression and stimulants continued. If this is not sufficient, a caustic *issue* should be made over and *into* each, destroying every portion of the callus. When the cauterized parts have sloughed off, the issue will close up and "leave not a trace behind."

Sinuses also may resist your ordinary treatment. *Inject* them with a very strong solution of the mild caustic, and push in *tents* charged with the same in substance. If they connect with each other, bring them together by the ligature or the knife. If they are near the surface cut them open, or cauterize down into them.

Among all your applications, be sure in treating this form of disease, never to apply any *oily* or greasy substance. Such things often cause the ulcers to spread and inflame very rapidly. Most old patients have learned this by experience.

The importance of long continued treatment is one point more that I wish you to bear in mind, especially that of *compression*, with *stimulating astringent* washes, (as extract of white-oak bark and tincture of capsicum, aa.) These should be persevered with for several months after all visible traces of the disease have disappeared. The limb, you should remember, has been in a preternatural condition for a long time, all the smaller vessels at least enlarged, the fasciæ and cellular tissue engorged with fluids, and the muscles themselves distended and put upon the stretch. By your treatment you have caused absorption of these extra fluids, and have necessarily left the parts in a very relaxed state, which can only be corrected by astringents and compression. In many cases you must not allow the patient to leave off the bandage under twelve months, after having for some time used it less tightly. And even after leaving off the astringent applications, cold bathing should be long practised. Even when proper constitutional treatment has been used, relapses have occurred from neglecting this attention to the peculiar change brought about in the limb. The patient, when apparently cured, can with difficulty be brought to believe so much "trouble" necessary. But it is your duty to make him *understand the reason* for his doing as you desire. Doctor originally meant *teacher*.

A *local treatment*, somewhat like that I have given, is recommended by several standard authorities. Yet the innumerable uncured cases to be met with throughout our country, are so many standing proofs (for they have almost all of them have been under regular practice at some time or other,) that either the recommendations alluded to are not followed by the professional large, or that the suitable *constitutional treatment* in connection with them has been over-looked. Hence the universal persuasion of the people that though "the doctors" may cure fever, they "can't cure

fever sores." This may be considered a "prejudice" of little consequence, but it is one as truly *prejudicial* as it is disgraceful to the profession. If the healing-art is thus found wanting in small things, how can it retain popular confidence in cases of greater danger and greater *uncertainty*. It is chronic disease, much more than acute, that tests the merit of any practice or practitioner. Hence the steady progress of Eclecticism in all parts of the country. Eclectic Reformers neither fear nor scorn to treat even "old sore legs."

When constitutional treatment is resorted to by *Old School* practitioners, it is often worse than useless. They are informed, indeed, by one of their greatest American lights, that "constitutional means often [!] exert great influence [!!] over indolent ulcers:—" and what do you suppose is indicated as the very best of all "constitutional means"?—"In the wards of the Philadelphia Hospital," continues the professor quoted,* "I have succeeded in numerous instances by the use of *blue pills*, and other preparations of *mercury*, after *most other means* had been tried for months ineffectually." How much, or rather how *little* is implied by this expression, "most other means," we may perhaps guess from what follows: "Where the patient's constitution has been prostrated by intemperance, and other similar causes, the internal use of carbonate of ammonia, wine, brandy, opium and so forth, will prove of immense service: indeed in most instances, chronic ulcers cannot be healed without the use of such remedies." These eight or ten lines include all the constitutional treatment recognized as necessary by a distinguished teacher in one of the first Old School colleges in the world! The blue pill and other preparations of mercury, with wine, brandy and opium!! when such a guide is blindly followed by thousands, can we wonder at the consequences to the tens of thousands whose lives and health are at stake.

Opium and Mercury!—I find with astonishment, that the former of these never *failing* resources, is also recommended by Druitt, the author of a much esteemed practical compend of English Surgery. He tells you (p. 85) to begin with half-grain doses night and morning, and gradually increase to keep up the impression—as, of course, you must to a Chinese or Turkish extent, and probably never be able to leave it off again, while *it leaves life*. Besides this often fatal *inconvenience*, the article is plainly contra-indicated by the very state of the system assigned as a reason or *excuse* for giving it. We are encouraged to rely on this tempting palliative, because, forsooth, "it acts on the surface!"—as if its certain secondary effects on the surface, when long continued, as in this case it must be, were not *visibly* the reverse of those

desired! Who knows not the sear and dried up skin of the opium-eater?

It is these partial and superficial views taken by surgeons and physicians in general, and inconsiderately presented in practical works, that occasion such frequent failures, and even fatal errors. In the cases in question, the *general surface* is, and has been for a series of years, in a diseased condition, and the system at large is as plainly out of order. Yet opium and mercury are to be prescribed!—the former being certain, in the end, to lessen the healthy action of the skin and other excreting surfaces; and the latter having a direct tendency, when used as recommended, to derange the liver and stomach, and produce, through its constitutional influence, precisely the same sort of local difficulties we are here contending against. What ulcers are so ill-conditioned and intractable as *mercurial ones*?

Not in a single instance do I find any application recommended for the general surface,—that most important and most neglected of the health preserving and health restoring organs,—no! not even soap and water! Is it then surprising, I ask again, that in these chronic diseases, under Old School practice, the *rule* should be failure, and *cure* the exception? and that, in a large proportion of cases, such doctoring should prove worse than unavailing, positively and grossly mischievous?

First and foremost, then, I enjoin upon you to direct special attention to the general surface. Make your patient take the Alkaline Bath, night and morning, using brisk friction with the bare hand and harsh towel. (See Introduction, p. —.)

At the end of twenty-four or forty-eight hours, after the first application of the roller, the patient will usually experience pain, fullness or some disagreeable sensation in the head, with cough, nausea, or perhaps some aching in the limbs. The practitioner should be on the look-out for these occurrences. They are, of course, attributable to the absorption of the large amount of unhealthy fluids so long detained in the limb,—which, under the unwonted mechanical stimulus of the bandage, we often find to diminish one-third of its size, sometimes even one-half, in the course of the first day. All this matter, which has so suddenly disappeared, must have entered the general circulation, and produced the disturbance of the vital functions, evidenced by the disagreeable symptoms just mentioned. So soon as they are noticed, therefore, or in anticipation of them, the patient should take a large

Hydragogue Cathartic, composed of comp. powder or syrup of senna (Form—) and *cream of tartar*, sufficient to operate freely from five to ten times. Not the least harm need be apprehended from this purging. On the contrary, it will give immediate relief. It should be repeated, though not to the same extent, as often as *once*

a week, for three or four weeks, or more frequently if any of the above symptoms reappear. By this means, not unfrequently serous fluid to the amount of from five to ten pounds is thrown out in the course of ten or twelve hours, carrying with it, no doubt, a large amount of diseased matter; while at the same time such a drain from the circulation greatly increases the activity of the absorbents, thus aiding your local treatment. The patient must also be put under an

Alterative course, consisting especially of such articles as have a direct tendency to increase the *urinary secretion*. For this purpose, I usually prescribe a syrup or strong infusion, composed of equal parts of the roots of the *Leonurus Cardiaca*, *Scrophularia Marylandica*, and *Aralia Hispidula*, (dwarf elder,) to be taken, *ad libitum*, at least three or four times a day. Instead of this, you can give the Alterative Syrup, (Form —,) in combination with some active diuretics.

If the patient has been much debilitated by *intemperance* or former *medication*, we substitute at first, for the foregoing, the Restorative Bitters, for awhile, (Form —,) or a Syrup of *Prinos Verticillatus* and *Leonurus Cardiaca* aa to be taken three times a day, half an hour before each meal. I also require the patient to take a draught of cold water the first thing after rising in the morning,—at least a common tumblerful. This, besides its tonic effect, will generally

Obviate all costiveness. If not, give the Anti-dyspeptic Pills, (Form —,) or small doses of podophyllin and leptandrin, or the extract of *Enonymus Atropurpureus*; or, what is still better, a combination aa of the Hepatic Powder (F. —) and Alkaline powder of Rhubarb, (F. —.)

If your patient be of the scrofulous diathesis, give him our Scrofulous Syrup, (Form —.) If he is laboring under the mercurial taint, the same may be used with advantage, but he should then alternate the alkaline with the acid bath. Common cider vinegar answers this purpose best. He should also be encouraged to use acids freely with his food, so long as they produce no derangement of the stomach.

The diet should be plain, but palatable and nourishing. Meat should not be prohibited. I have frequently found that patients restricted to a vegetable regimen sank into an irritable state, which resisted treatment; whereas, on changing their diet, and allowing them more animal food, they were easily cured. All fermented and other alcoholic beverages, however, should be positively forbidden; for, under no treatment, have you reason to expect a cure while your patient's blood continues to be poisoned.

I ought not, perhaps, to conclude this subject without noticing an opinion, almost as extensively prevailing as the one before spoken of, that it is of no use to apply for medical aid in these cases,

because "doctors can't cure fever sores." It is another popular opinion or prejudice, that if these old sores could, they *should not be cured!* This notable idea is often encouraged, too, by professional men!! Is it to conceal their own want of skill, or because they really have seen bad effects follow the "cure" of such cases *under their practice?* But, of course, no *physician* will consider the mere external closure of a chronic ulcer as a cure, while the diseased state of the system which occasioned it, and which perhaps required it, remains uncorrected. Physiology does not enumerate, among the natural emunctories, an *artificial anus* in the leg. The human mechanism was surely constructed to be kept in order without such a safety-valve as *that!* Restore the general health, giving due attention to *all* the functions, particularly the excretory, and there will be *no danger whatever*. Nature will be able to preserve the general system without the sacrifice of any particular part. Nor *need* there ever be any necessity for reopening the unfortunate ulcer, or setting up a substitute in the shape of an artificial issue in some other part of the body, as is the practice of some surgeons. The drainage and sewerage of the system is better provided for than it can be by our art.

PROF. HILL'S NEW WORK.

Messrs. Editors:

GENTLEMEN:—I was highly pleased on learning that it was the intention of Prof. B. L. Hill to give the medical profession a systematic work on the Principles, Practice, and Operations of Surgery, by the first of June next. This will be a great addition to our list of text-books, and Prof. Hill will do very much in advancing reform by this work. It has been a very unfortunate circumstance with those engaged in the reformation that is being so rapidly carried on in the practice of medicine and surgery, that we have had but few works entitled to any respect. But more especially has this been the case in regard to the subject of *surgery*. It has ever been considered, by those ignorant of our practice, a subject with which reformers were willing to have but little to do. While attending the lectures of Prof. Pope, in St. Louis, I have often heard him congratulate the members of his class upon the improbability of their ever meeting with much competition, in this branch of their profession, from *innovators*; and I must confess that I very nearly agreed with him at that time. The means of acquiring the proper amount of knowledge requisite for the *successful* treatment of this class of diseases, were so inadequate, and the prejudices so strong, that reformers, who had not had the benefit of oral instruction from the experienced, could scarcely be censured if they shrank from the responsibilities.

The task of preparing a systematic work on surgery, where there exists no criterion, but where the plan must be entirely original, and where the larger portion of the practice is new and in a great measure peculiar to the author's private practice, as is the case in this instance, involves a great amount of labor, and Prof. Hill will entitle himself to the lasting regard of his numerous friends and the friends of reform everywhere, for the promptness with which he has surmounted all obstacles. The improvements that have been made in the practice of surgery, by Eclectics, are indeed striking; and we have keenly felt the want of a systematic arrangement of them, suited to the wants of both students and practitioners. It gives me no little pleasure to know that this want is soon to be satisfactorily supplied. Prof. Hill is peculiarly qualified for the duty he has imposed on himself. His critical knowledge of *anatomy*, long experience in *surgical practice*, and skill as an expert operator, give decided advantages: while his untiring perseverance in whatever engages his attention, gives assurance that no means will be spared in making his work worthy of the place it is designed to take.

On account of the great amount of expense involved in publishing a work of the above character, Prof. Hill has proposed receiving subscriptions for his work before it is issued from the press. To all who are disposed to assist him in this manner, to meet the heavy expense, he offers a large discount; and it is to be hoped his numerous friends will take early steps to embrace his liberal offer—the price being about the cost of publishing. Prof. Hill deserves credit for this moderate course he has determined upon in regard to his Surgery. I was somewhat astonished when I learned he intended to publish so voluminous a work (five hundred large octavo pages, with numerous plates) for the sum of three dollars, or two, if paid prior to June, 1850. It does credit to his moderation, if looked at in connection with the usual charges for such works. I feel, from my long and intimate acquaintance with Prof. Hill, and my appreciation of his distinguished abilities, that I can recommend his work in advance to Eclectics, as well as all others, as one that will possess unusual merit. Prof. Hill's surgical practice has ever been original, bold, and highly successful. His prescriptions are original and peculiar, and if they are (as I suppose they will be) made public, will be of vast importance to less experienced practitioners.

With this work and those which it is understood are in the course of preparation by Professors Morrow, Jones and Buchanan on the subjects of Practice, Materia medica, Therapeutics and Physiology, our libraries will be decidedly improved, and our facilities for imparting valuable instructions to students greatly enhanced. Eclectics should embrace the earliest opportunities therefore in forwarding their subscriptions, so as to assure Professor

Hill of their appreciation of his labor, and to encourage others in the prosecution of their difficult tasks. The destiny of Reform must ever rest with the body of general practitioners, and according to the high professional attainments they reach, will the influence of *Reform* be felt and extended. The responsibility resting on them is great, and there has ever existed a laudable ambition with them to be thoroughly qualified for their responsible duties. But no matter what amount of assiduity and ambition may exist, it would be the height of folly to expect them to transcend the ordinary standard of our authorities, and hence when the laborious and difficult duty of furnishing necessary books as guides to the physician, has been accomplished with ability, as I feel certain this work of Professor Hill's will be, there should be no hesitation or delay with practitioners in furnishing themselves with it let the cost be what it may. I feel certain that Professor Hill's work needs no recommendation from me or any one else to secure its rapid purchase by Eclectics who know him, and my only object has been to call attention to the fact of its early publication. I hope it will be found necessary for the author to issue the second edition at a very early date from the rapid sale of the first, notwithstanding that may be large.

With respect I remain,
Madison, Ind., April 5th, 1850.

C. J. CHILDS, M. D.

ECLECTIC PRACTICE.

T. V. Morrow, M. D.:

DEAR SIR—Striving for the promotion of generous principles and thoughts in medical science, as you and your colleagues have done, I suppose this communication may not be altogether uninteresting, as it adds another proof, to the multitude already given, of the triumph of liberal views.

A young soldier in the "vanguard of the army," I planted my stake in this place sixteen months ago, with but little encouragement. My practice only averaged about sixty dollars a month for the first four months. Every day's experience established more firmly the certainty of an approaching triumph. I mention the following for the purpose of lending an encouraging voice to my young brethren, while engaged in this noble work of toil, self-denial, and benevolence.

About the 1st of May, 1849, I was called to Mrs. Warrenburg, aged about forty years, who had been under the treatment, for four months preceding, of three of the most noted of the Old School. They gave her out to die, with a chronic diarrhoea and spinal inflammation. The diarrhoea, I think, was caused partly by the effects of mercury. After they had operated on her for four

months, they resorted to opiates, for palliative relief, that the patient might die as easily as possible. I was called as the last resort. Carefully examining the case, I believed I could raise her if I could gain her confidence, knowing the efficacy of the reform practice. After getting her promise to try me three weeks, promising to keep her alive that long. I commenced my treatment by giving a mild emetic, and in five or six hours followed with a cathartic of the anti-bilious powders. I would remark here, that the Old School men said she could not take a cathartic without death. I applied the irritating plaster two-thirds the length of her spine, let it discharge three weeks, and gave the following tincture :

R—Capsicum,	32.
Ginger,	32.
Peppermint (Ess.)	31½.
Laudanum,	31½.
Tormentilla,	32.
Gum Myrrh,	32.

Proof Spirits, half a gallon—let it digest one week.

I gave of this from one to three teaspoonsful every three hours. I also gave the neutralizing extract, prepared from Beach's neutralizing mixture; in the same dose. Between each dose of the above, at the same time, had her sponged off all over four or five times a day, with the alkaline bath, and bathed three times a day nearly all over with Dr. King's rheumatic drops. I repeated the emetic and cathartic about twice a week, for two weeks, then put her on the alterative syrup, and in six weeks she rode one mile on horseback, almost entirely well.

I will add, since that time I have treated six hundred and seventy cases, with but the loss of four of any description. At this time, this vicinity is three-fourths Eclectic, and I have as much as I can do.

Yours, respectfully,

SAMUEL FELLERS, M. D.

Jeffersonville, O., March 21, 1850.

COMPARATIVE RESULTS.

[THE following communication has been sent us by a graduate of the Old School, who has been testing the Eclectic practice and become convinced of its superiority. He mentions in his letter a case of quackery, and makes some comments on the Old School bigotry which are more severe than we care to publish.—B.]

To the Editors of the Eclectic Medical Journal :

I was called the 15th of October, 1849, to see a gentleman fifty-five years old, who had the common symptoms of fever. He

was treated upon general principles for three days, at which time an eruption made its appearance upon his face and scalp, gradually extending over the body. I inquired of the patient whether he had been exposed to small pox. He stated that he had not, but that he had the disease when young. These questions were asked on the day of the eruption, he was then asked whether he ever had the measles, he said that he never had, and had never seen any one that had. From the history he gave I was somewhat at a loss at this stage of his disease to say positively what it was. I gave it as my opinion that he had the small pox. This case did not long remain in the dark, on the third day of the eruption my partner visited the patient with me, and we unhesitatingly pronounced his disease to be confluent small pox. Up to this time he had been treated upon allopathic principles and we continued the same course, and on the eighth day of the eruption he died. The family consisted of his wife and six children, all of adult age, and none of them had been vaccinated, on the fifth day of the eruption (of the old gentleman) they were all vaccinated, vaccination had its full effect upon four, upon the others it did not take effect.

The four upon whom vaccination had its full force had the disease light and no secondary fever, the other three did not get off so well, they all had discrete small pox, the disease run through its regular stages. The treatment in these cases was the reverse of the first case, they were all treated according to the eclectic practice, strictly, with the most happy results imaginable. Will the day ever come when we shall rely upon true science and sound philosophy?

A. M. N. Z.

EXTRACT FROM THE LETTER OF A PHYSICIAN.

“*Dr. J. R. Buchanan :*

DEAR SIR:—Having been taught the principles of the Allopathic School, my predilections and my prejudices were in favor of that system of practice, and I was taught to believe all other systems were wrong. * * * Yet I could see no good reason why we should compromise the stamina of our bodies to treat successfully their diseases. I believed, that according to sound pathological and physiological principles, we ought to use such remedial agents as are sanative in their nature, and, by their operation, calculated to preserve the vital forces—assisting in removing disease without injuring the integrity of the human constitution; and for contending for this principle, I was discarded by my brethren of the profession. After I had repeatedly witnessed the fatal results of the various preparations of mercury, antimony, &c., and the depleting plan generally, I had resolved to abandon the practice of medicine, and resort to some other business. But still inquiring after truth, I subscribed for the *Journal of Man*, which gave me such different views of the physiology of the human constitution, that I fearlessly contend with the champions of calomel and the lancet.”

Part 2.--Hydropathy.

MEDICAL UTILITY OF WATER.

BY F. H. GORDON, M. D.

[Two Lectures delivered to his Class, in Lebanon, Tenn.]

As an *internal* remedy, its properties *vary according to its temperature*. At all temperatures which can be tolerated by the stomach, it increases the pulmonary, cutaneous, and renal secretions. When taken into the stomach, it soon finds its way into the circulation, through the radicles of the gastric veins, and is eliminated by the skin, kidneys, and lungs. But if water be swallowed hot, say at ninety-eight degrees Fahrenheit, or upward, it stimulates and accelerates the circulation, and acts as a powerful diaphoretic. The perspiration will be in proportion to the elevation of temperature, and the amount swallowed in a given time. Cold (thirty-two to sixty degrees Fahrenheit) water swallowed, acts as a diuretic and antiphlogistic or sedative to an inflamed stomach. But if drunk tepid, (sixty to eighty degrees Fahrenheit,) it is emetic. Thus, you may cause a patient to urinate, sweat, or vomit, or to cease vomiting, according to the temperature of the water he drinks. A small amount of very warm or very cold water will generally relieve nausea, but if drunk largely, then it is emetic, diuretic, or diaphoretic, according to its temperature, as just stated. Bearing these facts in mind, you will be able to explain why a thousand and one remedies have popularity for these virtues. I allude not alone to the opinions of the populace, but to those of the profession also.

Many remedies of high repute would doubtless cease to be valued, were they administered without water. In this respect, our materia medica would be much impoverished. The physician orders a decoction of some foreign or indigenous plant: the urine flows freely, and he therefore sees with his own eyes that it is an excellent diuretic. He thus knows from experience that the books are correct. But let him order his remedy without water, and direct his patient to abstain from all drinks; then experience will, in regard to most of the reputable diuretics, teach him differently.

Similar remarks are true of a very long list of diaphoretics. Numerous teas, infusions, and decoctions, owe their reputation exclusively to the warm water swallowed during the administration of these supposed sudorifics. Let these supposed remedies be taken without water, and you will find a large majority of them incapable of them exciting perspiration. Very warm water, freely swallowed, so powerfully promotes perspiration, that, in most cases, it needs no medication.

As an *external* remedy, water is still more valuable. And the fact that the two extremes of temperature, denominated cold and warm, give it different virtues, makes it necessary to treat of its application, first, as cold water, and second, as warm water.

Cold water has been variously applied to the surface of the body, as by immersion, dash, stream, sponging or wet linen, and bladders of ice. Its effects vary with those modes of application in intensity, but not in kind.

1. The first and most obvious effect of cold water applied to the surface, is reduction of its temperature, by the abstraction of caloric from the point of application. As a consequence, contraction of the part, and sluggish circulation soon result.

2. When the vital phenomena of the part have been depressed for a time, reaction takes place; that is, the vital forces are roused, and all living phenomena increase.

3. *Tonicity* is imparted directly to the point of application, and indirectly to the whole system.

But these effects vary greatly, according to the force of the application; and the force varies with the different modes of using it. Of course, the practitioner must let the object to be accomplished determine what mode of application should be adopted. When there is local inflammation to be reduced, by diminishing the flow of blood to the suffering point, the most appropriate modes of applying cold water are by wet linens, the sponge, bladders of ice, and the stream. The application must be moderate, gradual and long continued; but when the object is to impart tonicity or vigorous reaction, the water must be applied with speed and force enough to rouse the latent energies; and here the dash and shower-bath are appropriate.

To apply these principles in practice; suppose you have a case of cerebritis, pneumonitis, or gastritis. Now, if you plunge the patient in cold water, or dash it on him, it is evident that you will cause violent reaction in an organ already excited too much, and thus aggravate the inflammation. But if you pour a gentle stream on the head, or apply bladders of ice to it, or sponge the chest or epigastrium, and keep up this practice, so as to reduce the augmented heat for a long time, it is plain, that you reduce the inflammation of the part, and lessen the tendency to reaction, in proportion to the time of the application.

On the contrary, suppose you have an emaciated and debilitated patient, suffering of some *functional* disease of the *prima via*, liver, spleen, bladder, or uterus; and suppose you protractedly sponge or pour cold water over the diseased organ. Your patient, for want of vital power, will ultimately collapse, and die; or run into a chill, and after a slow reaction, have high fever, with aggravation of the local lesion. But if you plunge the patient, or dash the coldest water forcibly on any part of the body, and let the skin be speedily wiped dry and wrapped up warmly, the dormant energies are roused, equilibrium of the circulation is produced, with vigorous reaction, and tonicities is imparted to the whole system.

Here may be a seeming inconsistency. We apply cold water slowly and protractedly, to subdue acute inflammation; but if the lesion be sub-acute, and especially if it be merely functional, then the dash is the remedy. The following physiological facts, will manifest the reason of the procedure.

1. The more vitality there is in the patient, or in the diseased part, the more speedy and vigorous will be the reaction from the use of cold applications.

2. The colder the water, and the more sudden and forcible the application, the more prompt and vigorous will be the reaction.—According to these two principles, the promptitude and vigor of reaction, are in direct proportion to the amount of vitality in the patient, and the celerity with which heat is abstracted by the water.

3. A shock rouses every organ of the body, and gives increased action to the circulation and nervous fluid.

4. If there be organic lesion, or violent inflammation, a shock does violence to the diseased part, by forcing it to over action.

5. If by cold water, the vital movements be reduced below the natural standard, the reaction will exalt the vital phenomena as much above, as they had been depressed below the natural level.

It appears from these principles, that in cases of chronic disease with prostration, the slow application of cold water, would not be tolerated by the system of the patient; because the blood and vital fluid are both impoverished or diminished, and are therefore incapable of keeping up the equilibrium of circulation, calorification and vitalization, in opposition to the continued abstraction of heat by cold water. On the contrary, in acute inflammation, where the vital fluid and blood are abundant, there is but little danger of depressing the vital movements too low, if prudence be observed.—Some depression in the diseased organ is the desideratum, and there is a continual strong tendency to reaction. And where there is serious organic disease, cold water is inadmissible.

From the foregoing considerations, the application of cold water in its different modes, to the various cases, may be easily determined. The cases requiring the cold stream, sponging, or bladders

of ice water, are: fever with general heat of surface, arachnitis, gastritis, enteritis, strangulated hernia, epistaxis, and gonorrhœa, &c. And the cold dash is applicable to uterine hemorrhage with prostration, narcotism, syncope, catarrh, dyspepsia, amenorrhœa, chronic diarrhœa, chlorosis, and all chronic diseases with general debility, provided there be no serious organic lesion.

Your attention will now be called to the external application of *warm water*. The modes of its application to the surface of the body are immersion, vapor bath, poultices, fomentation and a stream. Warm water is still the same agent, and its *effects are the same in kind*, whether applied by one, or any of these modes. We have seen, that when swallowed it is a stimulant, emetic, diaphoretic, and in common with cold water, it is diuretic; but when applied to the surface it displays other properties.

1. It softens and relaxes the skin and muscles.
2. It promotes cutaneous perspiration and general absorption.
3. It acts as a sedative to the nervous system, and thus quiets or subdues irritation.
4. It diminishes arterial action and equalizes the circulation, and thus removes local congestion and inflammation.

Warm water is still the same agent, having these effects, whatever may be its mode of application. But its potency is regulated by three circumstances, viz: the *length of time*, the *constancy* and *force* of its application. The longer the application is continued, the greater its force, and the more constant, the more powerful will be its effects. The value of each mode is easily determined by these conditions.

The vapor bath, was at one time highly estimated in this country. It is conducted by generating steam in some vessel, and conducting it around the patient under the bed clothes. This mode of applying warm water has now but few advocates, owing no doubt to one peculiarity, that is, by surrounding the surface with an atmosphere highly charged with moisture, it impedes, if it does not arrest all cutaneous transpiration. The interference with this important function diminishes its value, if it does not hinder the other legitimate effects of water.

Fomentation is a mode of applying warm water, by dipping flannel cloths in it, and applying them to the surface. It is an old remedy, and is much used at this day. But it is the least efficient of all the modes; because there is but little force in the application, and the cloths cool so rapidly as to require frequent changing. Yet from its convenience, it answers a valuable purpose in many instances, where a more powerful effect is not demanded.

The poultice is a much more potent antiphlogistic, and in subduing local inflammation it is deservedly popular. Yet there are frequent failures in securing the good effects of this remedy, because of the injudicious manner of its application. The poultice,

to do great service, must be *large, light, and frequently changed*. It must be large, because a small poultice cools too speedily; it must be light, because otherwise its weight would oppress the patient; and it must be frequently changed to keep up a temperature as nearly uniform as possible. To accomplish all of these objects, wheat bran is the best material for a poultice, and should be managed in the following manner: Suppose you have a case of peritonitis, put ten quarts of wheat bran in an iron pot; gradually add water, and stir till the whole mass is *merely moist* or damp throughout. Now heat it and stir occasionally till it is quite hot. Put half of this in a bag not less than eighteen inches square, (a pillow case is a suitable bag for this purpose,) spread the bran out, and apply the poultice as hot as the patient can bear it, to the surface of the abdomen. At the end of twenty minutes have the remainder of the bran ready in another bag, and apply it the instant the former poultice is removed. Return the cool bran of the former poultice to the pot, to be ready to be reapplied at the end of twenty minutes more; and thus continue to change the poultices every twenty minutes, so as to keep up a temperature as nearly uniform as possible. Poulticing in this way for four or five hours will do more in subduing inflammation than a little and badly managed one could in a week. In fact a little poultice is the mere semblance of a remedy; but when all of the conditions here named are observed, the poultice is powerful. I have named wheat bran as the best material; but poultices are made of various substances, many of which are supposed to possess some peculiar virtues, apart from the water they contain. But I suppose that the remedial agency of all or nearly all poultices is due to the water alone, which they contain. The tansy, hot ashes, cedar leaves, yarrow, corn mush, and wheat bran are only the means of absorbing warm water, and holding it in contact with the surface. And we frequently see poultices medicated with oak ooze, vinegar, and other means, under the belief that these means have some agency in reducing the inflammation. Such medications of course do no injury, and I never object to them, but gratify the friends of the patient by allowing any such medication, provided the poultices are made large and hot, and are changed frequently; for my reliance is on the water in the poultice.

Bathing, by immersing the patient partially or generally in warm water, is a remedy of great power in equalizing the circulation, and promoting perspiration. But when the object is to subdue local inflammation, this remedy is not appropriate, it acts so powerfully upon the nervous system as not to be tolerated by most patients, more than from fifteen to thirty minutes. This is too short a time for any material reduction of the inflammatory action. The powerful constitutional impression of warm bathing, is owing to the great extent of surface acted on by the water.

The stream is the most valuable form of applying warm water *for the cure of local inflammation*. I have been familiar with it for years. It had been used by surgeons to relax the muscles in reducing luxations; but I am not aware of its having been employed for the reduction of local inflammation before I introduced it into the practice. For this latter purpose I am acquainted with no remedy which can equal it in value. I do not wish to overrate it, or appear to exaggerate its powers, for this would prevent a proper estimate from being placed upon it. Yet, to those who have not tried the remedy, the whole truth will look like exaggeration. Cups, leeches, blisters, and the lancet do not equal it. The stream is a mode of applying warm water which complies with all of the conditions requisite to make it efficacious. It is *more constant*, may be *longer continued*, and applied with *more force* than any other application of water. The stream may be conducted almost without variation of temperature or force for hours, and, *falling only upon the suffering point*, it does not prostrate the patient like the bath, and hence may be continued long enough to greatly subdue the local inflammation, before there is much depression of the vital powers. The *force* of the stream is an item of peculiar importance, because it is incomparably greater than that of any other mode of using warm water. It is a well known fact, that *fluids in motion* manifest their peculiar powers in a much higher degree than when at rest. The sultry air of a summer's day, which almost melts us by its quiescence, may, when put in motion make hail, and chill the body. Electricity, which gently pervades our bodies at all times, and stimulates all of the vital movements without misrule, if disturbed in its equilibrium, and transmitted through the organs, with its incalculable velocity, will produce instant disorganization and death. Caloric, which pervades all of the tissues, and without which the vital functions could not be performed for one moment, does no injury while latent or in gentle motion; but when a large amount passes in or out of any point of the surface in a short time, destruction is the instant result. In like manner, water at rest, in contact with the body, will abstract or impart caloric according to its temperature, in so gradual a manner as to cause no very striking results; but when a swift current of water strikes the surface, its effects are manifestly in proportion to its velocity. Hence, the stream of warm water as far surpasses in virtue the vapor bath and fomenting cloths, as the gentle breeze which wafts a feather is transcended by the tornado which uproots the sturdy oak.

But this, like all other remedies, may lose more than half of its virtues by being badly applied; it is, therefore, important that some special directions be given for its employment. Your object is to cause a *constant stream to fall with force upon the suffering point*. You may accomplish all of these objects by pouring with

two pitchers, alternately, so as never to stop the stream longer than is necessary to exchange an empty pitcher for a full one. Or two coffee-pots or tea-pots will answer the same purpose. But the syphon is far the best instrument. A leaden tube from two and a half to three feet long, or a bent tin tube, or two joints of cane mitred together, secured with twine and made air-tight, will answer the purpose. The outer leg of the syphon must be from two to four inches longer than the one placed in the water. The diameter of the instrument must be from one-eighth to three-eighths of an inch, according as the patient is prostrated or vigorous. To understand the application of this instrument, particularly on the trunk, suppose you wish to apply the stream in a case of peritonitis. Take everything from the bedstead down to the cords; fold the bed-clothes and place them on the cords so as to make two beds of them, of equal height, with an interval of two inches between them, about where the umbilicus of the patient will be when he is placed upon them. Now place the patient, supine, upon the beds, with his umbilicus over the interval and pillow under his head. Two blankets must cover the patient above and below the umbilicus, so as to leave a space of four inches between them. Pass two silk handkerchiefs around the body of the patient, one just above and the other just below the umbilicus, with their ends hanging through the cords to conduct the water. Have the clothes of the patient well pulled up, so that they may not get wet. A tub is placed under the bed to catch the water. A plank rests on the head and foot board, on which a bucket of warm water is placed. One end of the syphon is put into the bucket and made steady by a weight tied to it, and the other end presents over the umbilicus of the patient. By applying the mouth to the outer end and sucking, the stream begins, and ought to be adjusted to make it fall upon the most tender point. It should fall five or six inches, from the end of the syphon to the skin of the patient, or as far as it can without making a spray. The water should be tempered in a separate vessel and poured in the one which feeds the syphon, so as to keep it full and cause the stream to be uniform in temperature and force. The stream should fall constantly in the same place, because its effects will thus be greater than if moved frequently. The length of time consumed in using the stream must vary from one to five hours, according to the strength of the patient. Mustard plasters on the hands and feet will enable him to stand it much longer than without them. The rule is, to continue the stream till the patient's pulse becomes small and frequent; and the higher the temperature of the water the longer it can be tolerated without faltering of the pulse. What should be the temperature of the water? At the beginning it should be about ninety degrees, Fahrenheit, and gradually increased till it reddens the skin slightly; this will be between one hundred and one hundred and fifteen degrees, according to the excitability of the patient. It is usual for patients to enjoy the

stream finely for the first hour or two, but afterwards they become restless and insist on moving. They must be carefully instructed never to move themselves, for their clothes and bed would get wet. By rolling up a towel and placing it under one shoulder and another under the hip of the same side, the patient will be made to rest for awhile, and when he again becomes tired place the towels under the opposite hip and shoulder. In this way you may make him contented till the bathing is ended, and all means should be employed for this purpose, for the effects of the stream increases almost in fourfold proportion with the time. It fact the last hour appears to accumulate as much good as the three preceding ones.

The first effect of the stream is on the point where it falls, subduing the inflammation for a small space around. The reduction gradually extends to more remote parts, as may be proven by gentle pressure being gradually tolerated progressively outward from where the stream falls. And, in the case of peritonitis before us, the legs can be completely extended without pain.

The second effect is upon the muscular, circulatory, and nervous systems. General relaxation ensues; the pulse loses its hardness, becomes full and elastic, and, ultimately, is small and frequent, but retains its softness. At first, the patient is soothed; all pains cease and he falls to sleep, but afterwards awakes and becomes restless and weary of his position. These constitutional effects are so gradual, that you may almost, and sometimes entirely, subdue the local inflammation, before the patient becomes so much depressed as to require the discontinuance of the remedy. This is the excellency of the stream—that it acts with power enough *upon the point of disease* to subdue the inflammation in part or entirely, with but temporary depression of the general energies. The general febrile symptoms moderate and disappear while the stream flows with as much certainty as can be expected from the lancet, and yet without ultimate loss of strength. It thus often does away the necessity of bleeding, and may be used in cases of great prostration, where no one would think of using the lancet. To a considerable extent, the warm stream supercedes the painful practice of blistering, relieving the disease without it; and where it does not subdue the local lesion entirely, it always diminishes it greatly, if continued long enough, and being on the decline, the blister plaster may be at once applied, with full prospect of good effects.—And to speak in general terms, in all cases of local inflammation, the patient gets well sooner by the aid of the stream, than he could possible without it, and suffers incomparably less during his illness. Unlike bleeding, purging, blistering, and all other powerful means of subduing inflammation, the warm stream may be repeated as often as may be needed. After all that has been said, need it be urged that we have no remedy so potent in reducing local inflammation? Let it be well tried, in a variety of cases, and you will be astonished at its effects. To see so pleasant a remedy re-

lieve the most intense agony, remove all soreness, subdue the fever, and restore the pulse almost to its normal characteristics, in a few hours, almost passes belief. And though you will not be fortunate enough to see this picture universally, yet you may often be gratified with the sight.

You ask, in what cases is the stream applicable? I reply, *in all cases where there is local inflammation*, no matter what may be the name of the disease, whether acute or chronic, the stream will do good, and the nearer it can be made to fall on the point of the most intense suffering the better. It is true, that its effect will be more striking in acute disease, but it will be serviceable in chronic also. In mild or slight cases, I do not always take the trouble of applying the stream, but whenever I find severe suffering, or the life of the patient in jeopardy, I do not hesitate to direct the stream upon the suffering point.

I have watched this remedy in its extensive application, for many years, and could adduce from memory and my notes, a very long list of cases, tending to show its value; But must be content to bring forward comparatively few of them taken promiscuously from the mass in my possession, to which I ask your patient attention.

1. *Luxation of the Shoulder*.—Eli Harris, of this county, æt. 40, had his right shoulder dislocated, forward under the clavicle, on the 12th September last. A few hours afterwards, a neighboring practitioner saw him, and for four or five hours employed the strength of several strong men, in fruitless efforts to reduce it. On the 13th, about twenty-six hours after the accident, I found the patient discouraged, and the parts very sore and swollen from the previous efforts at reduction. I ordered a stream of warm water, about ninety-six degrees Fahrenheit, to be poured upon the inflamed joint for two hours, and with the aid of one man reduced the luxation with but little pain to the patient.

2. *Chronic Hepatitis with Gastrodynia*.—Mrs. Springs, of this county, was in a state of extreme prostration, in 1846. For four years, continual medical aid had done nothing towards a cure, and had afforded but occasional relief of her extreme suffering.—There was general tenderness of the whole abdomen; the liver was much enlarged, extending below the umbilicus, and quite hard. I directed the bowels to be kept regular, with pills of aloes, rhubarb and soap; diet, animal food exclusively, and a stream of warm water to be poured four hours daily over the region of the liver. On the second day the liver was found soft for two inches in diameter where the stream had fallen. The stream was made to fall on a new place every day, and continued to soften the liver where it fell, till at the end of three weeks, the whole organ was reduced to its normal state, and the gastrodynia had disappeared. No mercury was used to act on the liver, and the recovery of the

patient, in some four months, was due almost exclusively to the stream.

3. *Ptyalism from Mercury*.—In 1846, Miss Miner, of Smith county, was severely salivated. Could not rest; she had several ulcers; the pain, heat, and swelling were very great. The warm stream was directed on the cheek for two hours daily, and a mouth wash of borate sodæ used. Each application of the stream subdued the fever, and gave entire comfort. The mouth was well in a few days.

4. *Gastritis Acute*.—I was called to George Clope, of Wilson county, September 18, 1844. Had autumnal fever. Tongue red and dry; pulse small, hard, and one hundred per minute; frequent vomiting, and great tenderness of the epigastrium. Bled twenty ounces, with some relief. Gave minute doses of calomel and Dover's powder, and directed wheat bran poultices to the whole abdomen.

20th. Patient decidedly worse. Poured the warm water stream upon the epigastrium for four hours, and directed two grains quinine every two hours.

22d. So much improved that further treatment was unnecessary, and the patient was up in a few days.

5. *Enteritis Acute*.—John Davidson, of Smith county, in 1846, had miasmatic fever, with enteritis, involving the peritoneum.—Could not bear the slightest pressure. The stream of warm water, directed upon the umbilicus four hours, and repeated the day after, relieved all distressing symptoms, and a blister completed the cure.

6. *Purulent Ophthalmia*.—In 1845, the Egyptian ophthalmia was endemic in this region. I. Kilzer had violent pain in both eyes, balls swollen, conjunctiva looked like clots of blood, complete intolerance of light. Bled him copiously, gave calomel and directed the warm stream to be poured alternately upon the eyes till both should be comfortable. The next day no improvement, suspected the stream had been badly conducted, and poured it myself one hour upon each eye. Left patient comfortable. The family repeated the stream twice more on the two following days, and he was well in a week.

7. *Cynanche Maligna*.—September, 1849, Tabitha Moore, of Smith county, æt. three years, had cynanche, suffocating respiration, tonsils swollen, and of a dark purple color, pulse one hundred and fifty and small. At 12 M., applied a solution of nitrate silver, fifteen grs. to 3j. of water, to the tonsils and fauces, and gave tart. emetic freely. No nausea and no improvement. Gave 10 grs. blue mass, and reddened the throat with turpentine liniment. Still no relief. Gave 6 grs. calomel with 1 gr. tart. emetic, and 2 grs. ipecac; no nausea; and the child grew worse in all respects. About 9 P. M., had Dr. Thompson called in consulta-

tion, and told the family the child would die within fifteen hours, but determined to use the warm stream. It was poured on the throat two hours. The child breathed much better; broken doses of ipecac, were then repeated frequently, and nausea and vomiting were easily produced, followed by rapid improvement. Ipecac discontinued in three hours after its commencement; the child slept till daylight, and was out of danger.

8. *Pneumonia*.—I. Bradford, of Smith county, aged forty-five, was attacked with pneumonia 2d of April, 1846. Saw him on the 5th: dyspnea, constant dry cough, pulse one hundred and ten; two thirds of left lung impervious to air, and flat sound on percussion. Directed tartar emetic, repeated so as not to excite vomiting, patient to be bled, *ad deliquium*, at 2 P. M., and the stream to be poured to the left of sternum during alternate four hours, till my return next day. April 6, twenty-four hours after first visit. Patient better, expectorates some rusty sputa, coughs less, breathes better, pulse ninety-five, some crepitation in left lung. Has taken tartar regularly, and the stream has been poured twelve hours out of the twenty-four; was not bled, because the neighborhood bleeder thought he had not fever enough. Directions same as yesterday, except that the stream is to be poured eight hours out of the next twenty-four. April 7.—Patient looks bright, much improved full expectoration of brick-dust sputa; coughs but little and without pain, skin moist, pulse eighty-seven, sleeps well, left lung not so dull, some crepitus throughout the inflamed lung. The tartar and bathing had been used as directed, but bleeding had been again omitted for the same reasons as before. A blister was ordered over left lung, tartar water continued one day longer and then left off. Patient recovered in a few days.

9. *Nephritis*.—Miss L. Tyree, æt. eighteen, was attacked October 9, 1844. Saw her on the 11th. Had constant fever, headache, some pain in left kidney, extending into the pelvis, frequent scanty micturition, bowels constipated. The abdominal aorta pulsed inordinately down to the emulgers, thence the strong pulsation was traced out to the left kidney, which itself pulsed violently in unison with the heart. The stream was poured four hours upon the region of the kidney, which relieved the pain and subdued the fever. Ten grs. calomel, and 5 grs. Dover's powder were given, and mild diuretics directed thrice a day. On the 16th, patient was well. This patient had two other attacks of the same sort during 1845, which were relieved by the same treatment.

10. *Puerperal Peritonitis*.—Mrs. Dowty, of Smith county, age forty, a delicate woman, was delivered of a child 1st May, 1847. Saw her on the 5th, extremely ill, pulse one hundred and forty, small and corded, thirst, nausea, jactitation, delirium; abdomen swollen, quite tender and painful, legs flexed, lochia sus-

pended, diarrhoea. Directed 10 grs. calomel, and $1\frac{1}{2}$ grs. morphia to be divided into three portions, one to be given every three hours. Poured the stream on the hypogastrium, for four hours, while mustard was used on the hands and feet, and directed the same to be repeated the next day; wheat bran poultice over the abdomen in the interval. 7th.—Patient much relieved, has had two consistent bilious dejections, abdominal tenderness nearly removed, mind clear, lochia returned, pulse one hundred and ten. Directed 3 grs. quinine every three hours, and $\frac{1}{2}$ gr. morphia at bedtime. 9th.—Improving, quinine continued, poultice of wheat bran to the abdomen. 11th.—Sits up a little, appetite good, directed aloetic pills at bedtime, to be checked with Dover's powder and acetate of lead, if the purgation should be too free. 13th.—Cured.

11. *Cystitis*.—Mrs. M., of Smith county, October, 1839, had acute inflammation of the urinary bladder, frequent micturition with burning pain in the uretha, and spasm of the bladder, whenever urine was discharged; tenderness of the hypogastrium, pulse frequent and small, profuse perspiration from pain. The lancet and hip bathing were used to some advantage, but the symptoms returned with violence. The warm stream was poured just above the pubis for five hours, with perfect relief of all pain. Mild diuretics and spare diet completed the cure without further suffering of consequence.

12. *Paraphymosis*.—A son of P. Smith, of Wilson county, æt. five years, was seen October 9, 1846. The part of the prepuce forming the ligature completely buried, the glands swollen to one and a quarter inches in diameter and dark colored; micturition impossible. The warm stream poured on the swollen glans, for one and a half hours, made reduction easy, by compression between the palms of the hands.

13. *Orchitis*.—Ned, a negro man of J. Bradford's, æt. forty-five, had orchitis, July 1, 1844, which yielded to ordinary treatment. August 20th, visited his wife, five miles distant. Returned home with swollen and painful testicle. Was neglected, because of his imprudence, till 25th, when I found him in great torture, pulse one hundred and forty, and irregular, clammy perspiration, extremities cold, the pain in the testicle extended to the loins. Directed 12 grs. calomel and 6 grs. Dover's powder; the warm stream to be poured on the testicle for six hours. After the use of the stream, the patient slept soundly. 26th.—Comfortable; testicle a little softened, pulse one hundred, calomel had operated well. Directed strong iodine ointment to be freely rubbed daily on the testicle, and a suspensory bandage, recumbency, bowels to be kept regular with aloetic pills. Patient recovered in three weeks, but the epididymis suppurated and was lanced.

14. *Croup*.—A daughter of J. Mitchell, æt. two years, was

attacked 1st April, 1846, in the evening, got better before day; was taken very ill in the evening of the 2d. Saw her at 9 P. M. Croaking cough, great distress in breathing. Gave tart. emetic and ipecac in broken doses, repeated often. No nausea. Reddened the throat with turpentine liniment, and immersed the child for half an hour up to the chin in warm water; gave 10 grs. calomel and 5 grs. ipecac. The child grew worse. After trying these, and other means, in vain for the whole night, the case appeared to be hopeless. About 9 A. M. on the 3d, directed the stream of water on the larynx for three hours; meantime gave ipecac every ten or fifteen minutes; the child vomited several times while under the influence of the stream, and was easily kept sick for several hours afterwards. Recovery complete on the 4th.

15. *Inflamed Mammary Gland.*—1843, Mrs. A. Garret, of Smith county, æt. forty-one, had great swelling, pain and heat of the right breast. Directed the stream of warm water to be poured for three hours on the tumor, and spts. mindereri to be taken, at intervals, for five hours so as to keep up constant nausea. The symptoms abated, and the patient recovered without further suffering.

16. *Torticollis.*—In 1846, I. Moore, of Smith county, slept near a window, from which a cold current of air blew on him. I found his head drawn down to the right shoulder; pain severe, when moved. The stream was directed on the right sterno-mastoid muscle for five hours. Patient could move his head normally, and was cured.

17. *Chronic Enteritis, with Induration.*—July 30, 1846, saw E. Atwood, of Smith county, æt. about 30. In the forepart of June, while overheated in the harvest field, had indulged freely in drinking very cold water. Was soon attacked with gastro-enteritis. Was confined to bed, under the regular treatment of a neighboring practitioner up to the 30th of July, when he became my patient. I found his tongue very red; bowels constipated; whole abdomen hard, and tender on pressure; whenever he was raised up, he complained of a heavy dragging weight of the bowels, as if they would tear, and the patient became sick and faint; he cannot lie on either side. Directed half a teaspoonful of powdered cubebs, nutmeg or ginger at each meal, carbonate and sulphate of magnesia, in equal portions, to be taken four times daily, in such quantities as would move the bowels gently; the warm stream to be poured four hours daily near the umbilicus, where the bowels felt the hardest. In ten days the bowels became somewhat soft at this point, and blister plasters, of the size of a dollar, were made to migrate around the umbilicus, so as continually to draw a fresh blister. Meantime the stream was directed upon other parts of the abdomen, every third or fourth day, for several weeks. Patient to take sarsaparilla bitters. He slowly recovered, and was well about the 30th of November.

18. *Simple Metritis*.—This disease was endemic here, in the year 1844. I treated more than fifty cases; they were generally attended with uterine hæmorrhage. The warm water stream above the pubis, and warm water thrown up the vagina with a large syringe or syphon, were much used, and always with benefit, and sometimes prompt relief.

19. *Hypertrophy of the Uterus, with Procidentia*.—Mrs. O., of this county, æt. 41, had suffered from dysmenorrhea for several years, sometimes it amounted to menorrhagia, or even flooding. She had been under a judicious practitioner for two or three years, with occasional benefit. In 1846, I found her with globus, palpitations, cold feet, intermitting pulse, leucorrhea and amenorrhea; the womb hard to the touch and painful, about three inches in its transverse diameter, and resting with its mouth upon the perineum, causing dragging weight in the pelvis, pain in the loins, and numbness in the lower limbs. Directed aloetic pills to regulate the bowels, quinine every morning, a teaspoonful of pulverized cubebs before each meal; warm water to be *abundantly* thrown up the vagina daily, with a large self-operating syringe. In two months the patient was better. Directed the stream to be conducted up to the womb, with a syphon, for two hours every third day. This remedy was used but twice, and with so much benefit, that I saw my patient, soon after, at a camp meeting, five miles from home. The syphon was irregularly used for a month afterwards. Menstruation became regular and natural, all symptoms disappeared and health was restored.

20. *Vaginitis*.—In 1846, a negro girl, belonging to John Hause, of Smith county, had autumnal fever. When she had been recovering for several days, it was ascertained that the entire mucous surface of the vagina and labia were discharging pus freely, and that, from incontinence of urine, the inner sides of the thighs were excoriated. The suffering was severe, constitutional disturbance considerable, and the patient could not sleep. Directed the warm stream to be conducted into the vagina, with a syphon, for two hours daily, the thighs and external genitals to be washed and oiled frequently. Patient slept several hours after the first use of the syphon, and was well in four days.

21. *Dysmenorrhea*.—Mrs. B., æt. 25, the mother of one child, six years old, when I saw her in 1844. She had suffered painful menstruation for four years and had been under treatment for three years. Every six or eight weeks she was supposed to suffer from an abortion, followed by profuse hemorrhage. I attended her in one of these supposed abortions. A transparent shut sack was discharged, about two inches in diameter, and filled with a transparent serous fluid. The pains were severe, and the subsequent hemorrhage prostrating. Directed an eight-ounce self-operating syringe to be ejected twenty times full of warm water up to the womb

every day. Tartar emetic ointment rubbed on the spine, and the usual constitutional remedies. In about three months she began to menstruate naturally, and was delivered of a healthy child in 1845.

22. *Leucorrhœa*.—This disease cannot resist a free use of warm water, thrown up the vagina daily. But the common little cylindrical female syringe is useless. Its use may cleanse the surface, but this is all it can do. It is difficult to introduce into the vagina, and does but little good when introduced. This instrument ought to be abandoned by the profession, and the self-operating syringe or the syphon substituted. It takes much water to cure inflammation. I have often known patients to fumble for weeks with the clumsy instrument I have mentioned, irritating the inflamed vagina as much as the process benefitted it; and then I have known the little instrument laid aside and the large self-operating syringe substituted, when the discharge would cease in a short time.

23. *Amenorrhœa*.—I have often known the menstrual flux to follow immediately after an abundant injection of tepid water into the vagina. But usually weeks or months are required to produce the effect. Yet you ought to bear in mind, that this suspension of the secretion is owing to some grade of inflammation in the uterus, and the more water you direct to the womb, the sooner you will remove the cause and restore the function. And let it be here impressed, that in all cases the water thrown into the vagina must be merely tepid, (about seventy degrees Fahrenheit); for if as high as blood heat or higher, it will cause a distressing vertigo.

24. *Crural Phlebitis*, (*Phlegmasia Dolens*.)—12th October, 1846, I saw Maria, æt. 38, a servant of D. Palmer, of Smith county. Left lower extremity considerably swollen, as well as the labium of that side, very tender to the touch, particularly in the course of the veins; she could not bear the weight of the bed clothes, or extend the limb. Gave twelve grains blue mass, directed the warm stream to be poured three hours upon the femoral vein, just below the crural arch, to be repeated daily till relieved; and the limb to be bandaged just after each use of the stream. The first application gave striking relief.

13th. Patient much improved; limb not so tender, nor so tense; can be extended. The stream was used as before, and the bandage immediately applied from the toes to the hip. From this moment, the patient ceased to suffer, and needed no further treatment, except to reapply the bandage, so as to follow up the shrinking of the limb. In a week from the beginning of the treatment, the patient was walking about cured. During the same year, four other cases of this affection were treated with the stream of water, with results equally striking and prompt. This treatment was suggested by the pathology of the disease, as demonstrated by Robert Lee; and if the treatment is used early, it appears to be competent to

cure the disease. How it would succeed in the advanced stage of the disease, I have had no opportunity to ascertain.

The foregoing cases, treated with the warm stream of water, must be sufficient to show its value clearly. Were I to enumerate all the cases which I have treated in this way, the number would amount to many hundreds. But you are not to infer that I have cured all the patients I have treated with this remedy, or that I have been always as fortunate as in the cases here reported. I have brought these forward to show the value of the stream of warm water, and not to claim for it infallibility. Like all other remedies, it must fail occasionally; but it has done more in my hands to subdue local inflammation than any other remedy, and I trust it will do as much in your practice. Some of you have seen it used in a few cases, and thus your own observation has taught you to estimate it; but when you have seen more of it, you will then be fully satisfied that I have not insisted too strongly upon its value.—*West. Jour. of Med.*

PEDIGREE OF THE WATER CURE.

[From Dr. Houghton's Lecture before the New York Mercantile Library Association.]

THE simple principles which lie at the basis of genuine hydro-pathy are as old as the science of medicine itself; WATER having constituted one of the most powerful remedies embraced in the *materia medica* of the ancient physicians. We are told that Hippocrates himself usually styled "the Father of Physic," and who flourished about 2300 years ago, was in the habit of using *water* as a remedy in the treatment of the most serious diseases,—for instance, in cases of gout and convulsions, lameness and palsy. He also recommended temperate bathing for inflammation of the lungs, and pain of the back, the sides and the breast. He was the first to advance the doctrine of the *vis medicatrix naturæ*, or the healing power of NATURE, always tending to the preservation of health and the removal of disease. Hippocrates, therefore, advised practitioners to observe and promote the efforts of nature as carefully as possible. The chief part of his treatment is said to have been at first a great restriction of diet; in very acute diseases, merely allowing the mouth to be moistened occasionally for three or four days, and only a more plentiful dilution during a fortnight, provided the strength would bear it; afterward a more substantial diet was directed, *but hardly any medicines*. Now Hippocrates is said to have been the 18th lineal descendant from old Æscula-

pius himself, the profession of medicine having been hereditary in that family. What older pedigree could *water-cure* desire.

During the next three centuries after Hippocrates, water was used extensively, especially in fevers. Asclepiades was surnamed "the cold bather," from his zeal for cold water: and the poet Horace has forever embalmed the memory of Antonius Musa, the water-cure physician of Augustus Cæsar, in his famous epistle to Numonius Vala. Celsus (B. C. 60,) sometimes called "the Cicero of Doctors," speaks of the employment of water in a great variety of diseases. Aretæus (A. D. 90,) advises the use of cold water in various diseases of the brain. Galen (in the 2d century,) sometimes called "the prince of Greek physicians,"—frequently employed water as a remedy; he supposed it to act as a solvent and refrigerant. Galen has said expressly, that he had cured many cases of burning continued fever, by giving his patients nothing but cold water to drink, and that not one of his patients died who had recourse to this simple remedy sufficiently early. The emperor Marcus Aurelius, it is well known, conceived so high an opinion of Galen as a physician, that he committed his two sons to his care, during his own absence on his German expedition. These two princes happening to be seized with fevers,—contrary to the opinion of his colleagues, Galen predicted a favorable issue, and actually succeeded in restoring them to health, in all probability, by the sole use of his favorite remedy, *SIMPLE PURE WATER*,—a remedy which Galen appears to have well understood when to disuse and when to employ.

In the 5th, 6th and 7th centuries, Cælius Aurelianus, Alexander Tallianus, Ætius and Paulus Ægineta extended the use of water to a great variety of diseases, though mainly in burning fevers and acute complaints, rather than in long-standing, chronic affections.

In the 9th and 10th centuries, we find Rhazes and Avicenna strongly recommending the use of water as a most efficient and reliable agent in the cure of fevers.

Passing over the middle ages, Savoranola (in the 15th century,) and Paracelsus and Mercurialis (in the 16th) were strenuous advocates of the use of cold water. Van der Heyden, in 1649, was the first who reduced the practice to a system in his "*Arthritifugum Magnum*," in which he says, there is no better preservative from gout, or anything more efficacious in relieving the pains than cold water.

In the 18th century, Sir John Floyer and Dr. Baynard, English practitioners, used the cold baths very freely, especially in chronic affections. Their joint work, called "*Psychrolousia*, or the History of Cold Bathing, Ancient and Modern," is replete with quaint and curious learning, as well as a great variety of singular cases, all of which tend to display the extraordinary efficacy of their favorite remedy.

A few years later, Frederic Hoffman, a celebrated physician of Saxony published a curious work, "*De Aqua Medicina Universalis*," or 'Water, the Universal Medicine.' He supposes that the water preserves the body supple, and prevents an excess of friction in its various parts. Dr. T. Sigismund Hahn, of Silesia, used water in almost every disease; but his most striking success was in an epidemic of typhus, which raged in Breslau in 1737; the great majority of those treated by cold ablutions recovered, while those who did not submit to this treatment almost all died. De Moneta, of Warsaw, employed cold water in incipient inflammation of the organs lying within the chest, and even in catarrhal affections of old men and infants.

The water treatment in Italy, in years gone by, seems to have been regarded with extraordinary favor. Nicolo Lanzani, a physician of Naples, published a work about the 1723, strongly recommending the copious drinking of water as the best remedy for fever. Many other writers and practitioners in Italy, besides Lanzani, regarded water employed internally as the most effectual febrifuge. Cyrillo, of Naples, wrote a work on the water-treatment, which is inserted in the *Philosophical Transactions* of 1729-30. From the opposition of Ballisnieri the use of water began to be less frequent, till Giannini recalled attention to the subject by his work on fevers, (published at Milan in 1805,) in which he concludes, that the most efficient remedy is the cold immersion.

In England, the ablest and most scientific work on the water-treatment, among the older treatises upon the subject, is that of Dr. James Currie, published in 1797, and entitled as follows: "*Medical Reports on the Effects of Water, cold and warm, as a Remedy in Fever and other Diseases, whether applied to the surface of the body or used internally.*" Dr. Currie highly recommends the cold effusion in typhus and other forms of fever, in small pox and a variety of other diseases. He says expressly, "in situations where the eruptive fever of small pox is clearly distinguishable, and where it does not abate sufficiently on the admission of cold air, the effusion of cold water may be resorted to with confidence and safety, regulated, however, in this application as in every other, by the actual state of the patient's heat, and of his sensation of heat." The cold bath, also, in the same disease, Dr. Currie considered a highly *stimulating* application, and calculated rather to favor than repel the eruption. But it was in the treatment of fevers generally, that Dr. Currie considered the use of water the most efficacious and reliable; and he has laid down rules for the proper mode of procedure in such cases as are characterized by an uncommonly beautiful and scientific nicety and precision of language. According to Dr. Currie it is perfectly safe to employ the effusion of cold water in the treatment of fever, at any time of the day, "when there is no sense of chillness pres-

ent; when the heat of the surface is steadily above what is natural, and when there is no general or profuse perspiration," caused by any violent or prolonged exertion. One would think that these restrictions were simple enough for the ready comprehension of the physicians of his own, or any other day: and yet Dr. Currie's mode of practice has been long considered by the few "regular practitioners" who know anything about it—for I grieve to say that it is very rarely that one encounters a physician who knows any thing about the writings of Dr. Currie—too hazardous for any one to meddle with who has not the very highest order of medical skill, joined to consummate prudence and unrivalled tact: in other words, it has been deemed hazardous in the extreme to undertake to cool down the heat of fever with pure, simple water, but the greatest blockhead in the profession is supposed to be perfectly competent to let blood with the lancet, and to hold the lives of his patients suspended by the frail tenure of his experience in poisons. Dr. Currie himself seems to have been perfectly aware of the general state of feeling towards his mode of practice, for he expressly says in his letter of dedication to Sir Joseph Banks: "A method of treatment so bold and so contrary to common prejudices, makes, as it appears, slow progress. The mode of operation of our remedy has been misapprehended; the proper period for using it has been misunderstood; and, on some occasions, having been resorted to improperly, the consequences have brought it into disrepute." Thus wrote Dr. Currie in 1797. It is often thus when an effort is made to substitute what is plain and simple for the mystic and the obscure. Men *will* be blind, occasionally, and actually shut their eyes rather than encounter the clear light of day. So was it in the medical profession in Currie's times: so it is in a great measure now. Then, as in the case of Sir Bulwer Lytton, the "routine doctors" thought that the water was altogether too powerful and too dangerous a remedy; it was a great deal safer to try the—PRUSSIC ACID!

I have thus briefly and imperfectly, gentlemen, traced, historically, century by century, the medicinal employment of pure, simple water from the earliest period of the art of healing. If I am not mistaken, I have displayed to you a pedigree for the Water-Cure system, to say the least, as long as that of any other. I have related to you, concisely, a series of historical facts,—dry and tedious, it may be,—but bearing heavily on the very question at issue,—the more so, perhaps, because so little known. I have proved to you, gentlemen, beyond all dispute from any source whatever, that if it be "quackery" to employ mere *water* as a medicinal agent, then was Hippocrates a "quack"—then was Galen a "quack"—then was Hoffman a "quack"—then was Currie a "quack"! If it be "quackery" now to practice the *water-treatment*, then was it "quackery" 2300 years ago! And here,

gentlemen, I might rest my cause as proven; but the half has not been told you. In spite of the rare ability, the calm dignity and the simple elegance with which Dr. Currie unfolded his mode of treatment—in spite of his unquestionable “orthodox” position, for he was not only a regular graduated Doctor in Medicine, but a Fellow of the Royal Society, and also a Fellow of the Royal College of Physicians at Edinburgh—in spite of his friendship for Sir Joseph Banks, and his deservedly high position in Society,—in spite of all these seemingly powerful, if not irresistible auxiliaries, as regards the attainment of success among his professional compeers, the water-treatment set forth by Currie may be also said to have perished with him. His name even sank into neglect, and, as I have already intimated, there are very few physicians sufficiently well read in the history of their science to know anything about him. Does not this simple statement lend some coloring of truth to the indignant exclamations of the author of “Harold?”—“Discover some invention in machinery that will make the rich more rich and the poor more poor, and they will build you a statute! Discover some mystery in art that will equalize disparities, and they will pull down their houses to stone you! Discover what will destroy life and you are a great man—what will prolong it, and you are an impostor!”

About twenty years after Currie prepared his “Medical Reports,”—to meet, as we have seen, with coldness and neglect,—and at a time when it would really seem as if the “science” of medicine was rapidly sinking into a confirmed decline—not to say dying of its own drugs and poisons—an incident occurred which promises to produce ultimately a most extraordinary change in its character and position. One day in the year 1819, far away in Silesia, an illiterate peasant boy, sixteen years of age, after assisting to load a wagon with hay, chanced to be standing at the horse’s head, at a time when his companions were chaining the wheel, in order to prevent a too rapid descent of the hill on which they all happened to be. Before this precautionary operation was completed, the horse struggled, overcame the boy who was standing at his head, and rushed down the hill, which was remarkably steep. The boy clung to the restive animal with no little of that obstinate perseverance which has since distinguished him above his fellows, but, his foot happening to be caught in a bush, he fell between the horse’s feet, was dragged, trampled on and severely bruised. He was taken up senseless, with two of his front teeth gone and three ribs on the left side broken; he was then carried home and a doctor sent for. According to the usual routine in all such cases made and provided, this worthy leech probed and “punched” the side to the no little pain of his unhappy victim. He then directed a decoction of herbs in wine to be laid upon the parts that had been injured: and afterwards gave utterance to that

oracular wisdom which belongs to his class. He assured his patient that it was quite out of the question that he should ever perfectly recover; his wounds were incurable to this extent; lumps would be formed which, on the least exertion, would cause pain, and thus continue through life. The boy listened attentively, and then notified "Sir Oracle" that he should not require any farther attendance from *him*, with so inviting a prospect in view before him, for the rest of his remaining natural life: he intended to try and do something for himself, after his own fashion. Accordingly as soon as the door had closed on Dr. Routine, the young peasant very unceremoniously tore off the hot and painful applications which that worthy had prescribed,—saturated as they were, with the sovereign decoction of the herbs and wine,—and following the bent of his own natural instinct and judgment, substituted cooling wet bandages in their stead. Immediate relief having thus been obtained, the boy then began to manage himself farther. By frequently holding his breath and pressing his abdomen on the side of a table, he contrived at last to force back the ribs into their natural position. The wet bandages were afterward constantly renewed, as occasion demanded, so as to keep down the inflammation: simple, pure water was drunk in abundance; and by steadily persevering in this sort of treatment, the boy-patient was able, in a few days, to walk, and finally to effect a perfect cure. The name of this boy was VINCENT PRIESSNITZ.

And now, gentlemen, what kind of an impression, think you, began to prevail in the neighborhood with regard to this young boy and his wonderful self-cure? Some of you may suggest that the sensible people in the neighborhood must have had very good reason to suppose that Doctor Routine had for once been mistaken; that the decoction of the herbs and the wine, "although to be sure, in *some* cases, a sovereign remedy," was not a specific for all; that it was possible for Nature to do something for a sick man, if she only had a chance; and that she had this chance when the ribs were re-set, suitable rest obtained, and everything like fever kept down by water. No such thing! No such heretical, "empirical," "quackish" notions troubled the brains of the good people of Graefenberg. The boy, in some quarters, was suspected of witchcraft; in others, he began to be regarded as a prophet; but in all, he gained the reputation of a wonderful doctor. Patients poured in upon him, but at the risk of martyrdom—for the first comers were *s/oned* by the witch-fearing peasants. In process of time, this violence was abated, but a new trap was laid for this suspicious doctor: broomsticks began to be placed across Priessnitz's door-way, to see whether he could get out of his house without displacing them, it being a current superstition in Silesia that no one but a genuine wizard could accomplish a feat so difficult as that. It is highly probable that Priessnitz tumbled over

the broomstick, for attention was soon after directed to the sponges which he used in bathing his patients; it was supposed that they contained some awfully mysterious and powerful talismans, subject to his will alone. Here, however, the peasant-doctor completely foiled them: he threw away his sponges and employed instead simple friction with the wet hand. The cures, notwithstanding, grew more and more marvelous; but at length a new bugbear was sprung upon the weak-minded. The enemies of the young man took advantage of the credulity of the Graefenburg people; they caused it to be circulated abroad that Priessnitz was possessed by an evil spirit; and this opinion was actually encouraged by the priests, who denounced him publicly in the church.

In spite of all this, however, numbers of patients came to Priessnitz for advice, which he then gave at his own house. He was afterwards induced to leave his own precincts to visit the sick; but this seemed to dissolve the spell; his reputation began to decline, notwithstanding he claimed no remuneration and accepted no fee; from hundreds his applicants fell off to tens. He soon perceived that what is simple, costing neither money nor trouble, loses its value, or is but coldly appreciated; he therefore returned to his previous usage of giving advice only at home, leaving people to believe as much as they pleased in the magical virtues of his remedies. His reputation now rose higher than ever and spread far and wide. Strangers from distant parts came to Graefenburg, so that he was compelled to increase the size of his house for accommodation; and thus his establishment commenced.*

But I will not weary you, gentlemen, by dwelling on the curious details of Priessnitz' career. There are some points I would gladly pause to bring to your notice, but I am compelled, by a due consideration for the narrow limits which propriety has assigned me, to pass rapidly on and to refer to the numerous publications on the subject, those of you who may be sufficiently interested in the history of the man to seek to know more. Suffice it to add that the persecutions to which Priessnitz was subjected for more than thirteen years—the “pressure from without”—materially aided in advancing his fortunes; that a medical commission sent on from Vienna by the Emperor of Austria to investigate and report on the new system of Graefenburg, in spite of all preconceived prejudices, found so much to approve of, that Priessnitz was allowed by the Imperial authority to carry on his establishment; that he has since enjoyed the favor of the great—archdukes, princes and noblemen from nearly every country in Europe, having visited the scene of so many marvelous cures; that gentlemen from nearly every civilized nation in the world—some of them, even, from our own distant land,—have left their ailments behind them at Graefenburg;

* Captain Claridge.

and that, among no less than 7500 patients who have gone there for advice and treatment during the past twenty years, the mortality has been surprisingly small. Up to 1841, says Dr. James Wilson, there had only been 39 deaths, and some of these, according to the registry of the police, "had died before commencing the treatment, and some others were reported in a forlorn state before anything was attempted." I think I am justified, gentlemen, in saying that no other human being in the whole wide world has ever achieved in medical practice, a triumph like this; only 39 deaths out of 7500 cases! What prouder monument could any physician wish than to have for an epitaph a simple statement like that! And by way of contrast how unutterably mean and contemptible the paltry aspersions—the malicious slanders—which have been so profusely heaped upon this man's good name! The small wit of Dr. Routine can find no better designation for this extraordinary being than "boor" and "quack." Gentlemen, it is perfectly safe to leave this matter to an impartial posterity, always provided that Doctor Routine's professional reputation shall last long enough to reach one!

I have said, gentlemen, that the career of this wonderful peasant promises to produce ultimately, an extraordinary change in the character and position of the science of medicine. There is a striking *moral* to be gleaned from the fact that more than seven thousand sick people—some of them too, cases to which the treatment by water was a sort of forlorn hope—have been successfully treated without using any medicine, with no "apothecary's shop between them and the sun?" It may serve to awaken the intelligent curiosity of one to be told that it is really possible to go through life "without leech or potion"—without rhubarb or blue pill; perhaps it may excite the incredulity of another, accustomed, it may be, to contemplate disease as our natural portion—our evil spirit, which can only be cast out by some active drug—as if it could be shot out, like a pea out of a pea-gun, or hunted out like a rat from an old barn!* This conflict of opinion must lie between INTELLIGENCE on the one side, and SUPERSTITION on the other—whether in or out of the medical profession. It is too much to hope that the TRUTH will prevail and scatter to the winds the mists of error, in *one* day and generation. Still, this contest is steadily going on, and there is every day the more reason to be gratified at the progress mankind is making in the acquisition of that science which is perhaps, the least studied of all—the *science of health*. The true nature of LIFE is beginning to be understood: more correct ideas of the nature of DISEASE are gradually becoming current: and we may even now look on "the dawn" of that "brighter day" which is to be hereafter.

* Dr. Edward Johnson.

* * * I now pass on to say something, gentlemen, of the real merits and the true province of the water treatment. I have already proved to you that, in point of *antiquity*, its claims to consideration are, to say the least, equal to those of any other school; nay, in some respects, *superior*, for the farther we go back in the history of medicine, the more simple do we find the prevalent diseases, and in like manner the more simple and natural the various remedies employed to counteract them.

I have also proved to you that among those simple and natural remedies, *water* occupied the front rank: that it was used by Hippocrates, that it was used by Galen, that it was used by Hoffman, that it was used by Currie. We have also seen that, after a long period of neglect and disuse, the medicinal agencies of pure, simple *water*, have been miraculously *revived* by an illiterate peasant far away in Silesia. I say "*revived*," gentlemen, because the water treatment has been erroneously supposed to have *originated* at Graefenberg. I have already proved to you that this is not so: that, in reality, it is as old as medicine itself. But far be it from me to say aught to diminish the good fame of Priessnitz in any man's estimation. It is true that I cannot agree with those who would magnify him into an oracle,—an infallible autocrat,—of the new system: and such is my respect for his honest good sense, that I do not believe that he desires to occupy any such position himself. His good fame is already far too well established to need from any one the bolstering eulogy of indiscriminate adulation. The world had need of just such a man; the condition of medicine absolutely demanded that the attention of the profession should be roused up to the need of the better observation of *nature* in the study and treatment of disease, and to the real value of those old and simple remedies which we had flung behind us in our onward race,—pleased, like children, with the vegetable or mineral we encountered on the way-side, delighted with the glitter and soothed by the charm, but ignorant that we were cherishing the most deadly of *poisons*.

Would you ask me, gentlemen, wherein the water-cure differs most materially from "the regular practice?" My answer is this. The great remedies of the hydropathic school are many parts constituting one great whole: they consist mainly of the manifold applications of water at various temperatures, of pure air, sufficient clothing, (neither less nor more,) systematic exercise, a regulated diet, and, in general terms, obedience to the laws of *hygiene*, both *physical and mental*.

The general effect of the treatment may be said to be these: "to strengthen the digestive functions; to cool the system; to increase the appetite; to allay excitement; to purify the blood; to strengthen the muscular fibre of the heart; to quicken the action of the skin; to overcome internal congestion; to restore and augment all the se-

cretions and excretions; to accelerate *the change of matter*, and thus to renovate the tissues of all the organs; and, lastly, to invigorate the vital principle."

The great remedies of the allopathic school are medicinal poisons. Prescribed quantities of these substances are conveyed into the stomach, from time to time, until the system is under their influence; in other words, until the whole mass of the blood has been *poisoned!* But does the patient suppose,—the patient, for instance, who has been swallowing *mercury*,—does he suppose that it is the gums alone that are especially inflamed by this circulation of mercurialized blood through them? "Does he suppose that the other organs, the brain, the heart, the lungs, the kidneys, the eyes, etc., bear a 'charmed life,' and that they are proof against all injury from the circulation of poisoned blood through the delicate network of their tissues? What is to protect the heart, and the brain, and the lungs, and the liver, and the kidneys, and the stomach, and the bones, from the same sort of irritation as that which inflamed the gums and loosened the teeth?"*

Again, gentlemen, the two different systems vary most essentially in regard to the proper *channels* of administration. In the allopathic mode of *palliating* disease, the unfortunate *stomach* is the favorite medium: the proper receptacle of the bland beverage and genial food, "which was healthy before, is now nauseated, its lining membrane inflamed, its nerves irritated, and its functions disturbed," by a host of nostrums, varying in kind and quality and degree from the acid dose of calomel and jalap to the nauseous draught of cod liver oil. Says Professor Elliotson, of London, in speaking of the treatment of "Inflammation," "if we bleed" and purge and blister, and so forth, "*we may generally neglect the skin.*" "*Neglect the skin!*" It is there, gentlemen, that we of the hydropathic school have the advantage over our allopathic brethren,—there that we have them decidedly "on the hip." Sir Astley Cooper was accustomed to say: "Give me a bottle of opium in one hand and calomel in the other, and send me into the country, and with these two drugs alone I will beat the country practitioners hollow." There is a hydropathist† in England, an old pupil of Sir Astley Cooper, who says by way of reply to this boast: "If Sir Astley were alive now, I would undertake to beat his calomel and opium with no other remedies than the shallow-bath, sitz-bath and wet-sheet." Gentlemen, this is no idle retort: it has its meaning, and it was made in good faith. Nay, more: I venture to say that there is not a hydropathist living, who understands himself and his calling, as he ought to do, who would not willingly undertake to beat any allopathic physician of the day under the same circumstances. And now, gentlemen, how is this? Why so

* Dr. Edward Johnson.

† Dr. Edward Johnson.

much confidence in the water treatment? Simply because we consider nature our greatest and our best physician; simply because we regard it as our province to aid her when she needs aid, and only then; and especially because we apply our treatment through the external skin, and its internal continuation,—never neglecting, on any consideration, this vast organ of drainage and excretion.—*New Graefenberg Water Cure Reporter.*

TREATMENT OF TYPHOID FEVER BY THE EXCLUSIVE USE OF ICE.

BY M. WANNER.

THE employment of cold in the treatment of fever is, without doubt, very ancient; but it has not yet been attempted, as I have done, to cause it to act in a continued manner, in order to bring back the temperature of the body to the normal standard. Thus patients have been treated with cold baths, cold affusions, and by the application of ice or cold water on determinate points. Ice has also been given internally, but at intervals so long, that it has caused only an agreeable sensation, without, in any degree, modifying the march of the disease, which, notwithstanding, has followed its habitual periods. If there has not been hitherto obtained, in the treatment of typhoid fever, the same results as I have observed, it is because the same methodic gradation has not been employed; for this methodic administration is an indispensable condition to success.

Experience has long since demonstrated, that to treat without accident a man whose members are frozen, it is necessary at first to rub the part with snow, then to proceed in such a manner as gradually to ascend the thermometric scale up to the normal temperature of the body. The same is the fact in regard to frozen fruits; if we plunge them into iced water, then into cold water which is gradually heated, we are enabled in this manner to thaw them, so that they may be eaten with pleasure or preserved.

It would be inappropriate to give here a description of typhoid fever and its symptoms. As my treatment has always been employed only from the commencement of that affection, it will only be necessary to mention here the symptoms of the inflammatory stage.

All the patients to whom I have given my attention for the last three years, and the number has been very considerable, have experienced pains in the limbs, intense cephalalgia; they reply slowly to the questions asked them; a gurgling is noticed in the iliac fossa; the head is hot, the countenance dejected, the look unsteady, the skin is sometimes dry, sometimes moist; some are tormented

and agitated during the night; others have the delirium also in the night; there is an indisposition to converse, the pulse is strong, developed and very frequent (from 120 to 125 pulsations;) their eyes are brilliant, injected; the tongue with some is dry, black and fuliginose—with others it is moist and endued with a whitish mucosity; they experience an intense thirst. On some patients I have been able to remark some lenticular blotches, but I have never perceived any trace of *sudamina*; for this treatment does not give them the time to appear, as it is only about the sixteenth or eighteenth day that we generally observe them.

This, then, is the manner in which I administer the ice, as I have already indicated in a letter inserted in the *Gazette des Hôpitaux*, of the 28th of April, 1848. The patient is caused to swallow every minute, or at the farthest, every two minutes, a piece of ice, of the size of a comfit, (dragee,) which, when melted, is equal to a glass or a glass and a half of water every hour.

When I have succeeded by this means, in reducing the temperature of the body to its normal state, although there may be no longer any fever, and the patient may exhibit marked disgust to the further use of ice, (which is a sign that he is better,) I still continue, according to the gravity of the case, for twelve or even twenty-four hours more. During this treatment the patient ought not to take any kind of drink—ought to be submitted to the use of ice alone. In order to subdue the cephalagia, and to prevent cerebral complications, I prescribe a pillow of hair or oat straw; I pass frequently over the forehead a sponge dipped in ice-cold water. The patient also takes, every half hour, a small injection of cold water. Every two days he is placed for an hour in a bath at 27 degrees Reaumur, (about 93 degrees Fahrenheit.) During three years, in which I have employed this treatment, all the patients on whom I have attended, have, without exception, been cured; some in twenty-four hours, others in forty-eight hours, and others in five or six days at the latest; and these latter have not been entirely regular in the treatment.—*Trans. Med. Journal*.

PERTUSSIS, OR HOOPING-COUGH.—Hydropathic Treatment.—The whole wet sheet twice a day for an hour followed by a wash-down, constitutes the treatment for hooping-cough. A heating compress should also be constantly worn round the throat, night and day, and also cover the chest.

Diet.—This should be with the exception of milk, entirely farinaceous—bread and butter, bread and milk, bread-pudding, tapioca, rice, sago, &c. If the child be not already weaned, it should *not* be weaned till the disease has ceased. On no account, should the child ever be allowed to overload its stomach.

Part 3.--Editorial.

PROFESSOR CALDWELL.

We have received from Professor CALDWELL of Louisville, the founder of the *Louisville Medical Institute*, a pamphlet with some newspaper essays, in which he handles with no little severity his opponents in that school. Dr. CALDWELL, it is well known, was the founder of that institution, the most flourishing and largest Medical College in the West. He was also the most prominent and efficient among those who established the Transylvania School at Lexington. For about thirty years he has stood foremost as the most learned, distinguished and efficient medical professor in the western half of our republic. He has also the high honor of having been the father of Phrenology in the United States,—its earliest and ablest champion, and the uncompromising advocate of many liberal and enlarged views in medicine and philosophy. Under these circumstances, the history of his rupture with the Louisville school, becomes a matter of general interest to the profession.

It appears that Dr. CALDWELL was removed by the Board of Trustees, at the instigation of one of his associates in the Faculty, from the Chair of Institutes of Medicine, which he had so long filled with honor. An attempt was made to produce the impression that Dr. C. had resigned,—a story which he indignantly denies, averring that he was removed without good cause, and in violation of a distinct understanding that he should occupy the Chair one year longer, until 1850, at which time he proposed voluntarily to resign.

Dr. CALDWELL contends in his pamphlet that this removal was effected by the agency of the intrigues of Professor YANDELL, who has been appointed his successor,—a gentleman who was originally his pupil,—who was indebted to him for much of his education, and for his professorship both at Lexington and at Louisville. The statements of Dr. C. and Dr. Y. are in direct contradiction in

reference to a great proportion of the facts; and the former expresses himself with no little severity against his former protégé, whom he accuses of falsehood, ingratitude, and perfidy of the basest character.

These personal collisions are an unpleasant feature in the history of medicine, but we consider it due to the high standing and distinguished services of Prof. CALDWELL to make known his treatment. In our humble opinion, one of the principal causes of his ungrateful and unwarrantable ejection from the school which he founded, and of which he was still the most distinguished ornament, was the boldness with which he uniformly defended Phrenology, Mesmerism, and whatever he deemed true in medicine. His colleagues, who at first sought to silence him in the school, have now removed him from it. That this removal was not on account of any deficiency as a Medical Professor, is abundantly evident from the well known fact, that he was decidedly the most learned man in the school, and vastly superior to his successor. It is also evidenced by the fact, that the last three classes of graduates from the school, spontaneously adopted and presented to Prof. CALDWELL the most flattering resolutions,—of which the following are a fair specimen:

“LOUISVILLE, *March 6, 1849.*

“We, the undersigned, members of the graduated class of the Medical department, University of Louisville, for Session 1848-49, *unanimously* adopt the following preamble and resolutions:

“*Whereas*, we have attended the Lectures of our venerable Professor of the Institutes of Medicine for two sessions; *And whereas*, in all human probability he will not continue many years longer to hold his place in the University, which we are proud to cherish as our alma mater; therefore,

“*Resolved*, 1st. That we feel it to be our privilege, and take great pleasure in expressing our high regard for him, as a man of profound learning, and one of the ablest advocates and most efficient teachers of the medical profession.

“*Resolved*, 2d. That his lectures, on all the subjects pertaining to his chair, have been able, thorough and instructive; and that the imputation, therefore, that he is superannuated, or that his lectures are in any way inferior to those of the other professors, is unjust, unfounded and false.

“*Resolved*, 3d. That in consideration of the deep interest he has always manifested in our advancement in the study of the philosophy of medicine, and his untiring efforts to promote the same, we

deeply regret the prospect of his vacating his chair, which he has so long and so ably filled; and for his courteous and affable manners to us as pupils, and all the kind attentions we have received from his hands, we tender to him the grateful thanks of his affectionate pupils and humble servants.

In the face of these testimonials from the classes,—in disregard of his long and distinguished services to medical science, and a reputation which is European as well as American,—Prof. CALDWELL was removed from his school, where he was not in harmony with the leading influences. There was no impeachment, either of his moral worth, his intellectual ability, or his ample competency; nor any denial of the honor and reputation conferred by his name. The only charge adduced is alluded to as follows by Prof. CALDWELL:

“When I requested to be apprized of the charge or charges preferred against me by the Board of Trustees, as the ground on which I was to be dismissed from the Chair I had so long, and, as I had believed, satisfactorily occupied, the only answer returned to me was that I was thought to be ‘too old.’ None of the gentlemen (as several years before Prof. Yandell had maliciously and mendaciously done,) declared me disqualified for the duties of a public teacher, by the decay of my faculties, either corporeal or mental. They acknowledged, on the contrary, that I still possessed them in abundant soundness, strength and activity. Such at least was the promptly uttered acknowledgement of several individual members, to whom I specially addressed myself on the subject. Some of them even expressed themselves more strongly in my vindication, by asserting their belief, that I was instrumental in attracting to the school a much greater number of pupils, than any of my colleagues; and furthermore, that my name and autograph, affixed to their diplomas, were far more highly valued by the graduates of the institution, than those of any of the other professors. To scores, moreover, if not hundreds of persons, other than trustees, graduates had made declarations to the same effect. Nor is this all. When, to strike down the falsehoods of Dr. Yandell and his co-operators, three sets of highly laudatory and strongly expressed resolutions respecting my lectures, spontaneously left with me, by our three last classes of graduates, were exhibited by me to the trustees, several of them acknowledged to myself, that they believed them to be true.

“Notwithstanding, however, all these testimonials in my favor, and various others to the same purport, which I could easily adduce, (and not a single whisper against me, except from the slanderous tongues of Yandell and Company,) the Board at length re-

moved me from my Chair, and at the same sitting offered to my acceptance an HONORARY DEGREE!!

"An 'Honorary Degree' in medicine, proffered to me by a body of men the very existence of whose Academical honors is a creation of my own! This was indeed not even a propitiatory 'sop to Cerberus.' No, it was a solemn mockery,—a memorable exemplification of the poet's '*world inverted*,'—

"Wherein the *foot*, designed the soil to tread,
Or *hand* to toil, aspired to be the *head*!"

"As a matter of course, the offer was promptly and haughtily rejected,—the rejection being accompanied by a declaration, characterised by the same air and tone, that the trustees had nothing, either to retain themselves, or offer to others, that, *to me*, could be an honor; that all my honors, whatever might be their amount and value, and whether in their nature professional, scientific or literary, were possessions of my own creating; and that it was beyond the power of the board to augment, diminish, or in any way affect them. And I was on the verge of subjoining the sentiment just expressed, that every academical attribute of the board was an *emanation from myself*.

"Nor did I fail to meet and demolish every pretence of the board for their causeless and heartless dismissal of me from the school. When alleged by them, therefore, that I was 'too old' for the discharge of the duties of a public teacher, I stated to them, to dispel their ignorance of the history of medical schools, the cases of Hoffmann, Blumenbach, Cullen, and other celebrated teachers, who, at ages more, some of them *much* more, advanced than mine, died professors in institutions, which they *had had no agency in founding*, but into which they had been simply elected; whereas, of that from which I was dismissed, without a *real fault* alleged against me, I had been the *founder*,—a consideration which strengthened my claim to the tenure of my chair, to a manifold extent, beyond that of a mere election into it, when already established and in a flourishing condition."

The paltry pretence in reference to age is entirely groundless, as is well known by every one who enjoys the acquaintance of Prof. CALDWELL. None among his more juvenile compeers enjoys greater vigor and elasticity of mind, or a more inexhaustible capacity for mental labor. He is almost the same to-day, in thought, manner and action, as he was twenty years ago, when he stood without an equal in Transylvania. In the days of RUSH, he was a distinguished man. He is still the noblest-looking representative of the medical profession in the United States, and a most inexhaustible fountain of learning; and we have but little doubt that

when he terminates his mortal career, he will still, like JOHN QUINCY ADAMS, or like his kinsman JOHN CALDWELL CALHOUN, enjoy the unclouded light of his vigorous intellect, and go down like the sun of a tropical sunset, bright, warm, and unclouded to the last.

B.

WATER CURE.—The *Water Cure Journal*, published at New York by FOWLERS & WELLS, is a well printed periodical, (see prospectus on cover,) and contains a good supply of reading matter. If we should object to anything in this Journal, it would be to its ultraism. The exclusive devotion to Water Cure in a partizan spirit, to the disregard of all other remedial agencies, does not betoken very enlarged scientific views. However, the *Journal* will do much good,—it circulates widely. No doubt its Editors are doing their duty conscientiously, but it is a pity Reformers so often narrow the scope of their thoughts and exertions.

THE NEW GRAEFENBERG WATER CURE REPORTER, devoted to the Hydropathic treatment of diseases, the Report of cases and the dissemination of the principles of Physiology and Medical reform. HENRY FOSTER, M. D., *Editor*. Regular contributors: N. Bedortha, M. D.; S. O. Gleason, M. D.; O. V. Thayer, M. D.; P. H. Hayes, M. D.; T. T. Seelye, M. D.; C. C. Schieferdecker, M. D.; R. S. Houghton, M. D.

Such is the title of a Monthly Journal of thirty-two pages (one dollar per annum in advance,) published by Dr. R. HOLLAND, and Dr. H. FOSTER, Editor, at Utica, New York. We have been greatly pleased with this work, and have copied from it Dr. Houghton's lecture. It is better adapted to the Medical profession, than any Hydropathic Journal we have seen. We would respectfully suggest to its publishers the importance of putting the contents of their Journal on the title-page,—a great convenience to the reader. The following list of Water Cure establishments is compiled chiefly from the *Reporter*:

1. *New Graefenberg Water Cure Establishment*, on Frankfort Hill, five miles Southwardly from Utica, New York. R. Holland, proprietor; Henry Foster, physician. Terms:—Six or eight dollars a week, including medical advice, etc. etc.

2. *Glenhaven Water Cure*, on Lake Skeneateles, New York.

James C. Jackson, proprietor; S. O. Gleason and Wife, medical attendants. Terms:—Five dollars per week from March 1 to November 1; Six dollars from November 1 to March 1.

3. *New Lebanon Springs Water Cure Establishment*, New York, conducted by Dr. N. Bedortha. Board and treatment, five to eight dollars per week.

4. *Greenwood Springs Water Cure*, Cuba, Alleghany county, New York. P. H. Hayes, M. D., proprietor; E. C. Winchester and Lady, managers. Dr. Hayes is a graduate of Jefferson Medical College. Terms:—Five to eight dollars per week.

5. *Bethesda Water Cure*, Rupford, Tioga county, New York. J. H. Stedman, M. D., physician. Terms:—Four dollars per week for board, treatment, and all.

6. *Eagle House Water Cure*, Pitcher Spa, Chenango county, New York. O. V. Thayer, M. D. & Co. Terms:—For board and treatment, four to seven dollars per week.

7. *Rockaway Cottage Water Cure*, Cooperstown, New York, on Lake Otsego, by Dr. Roof, pupil of Priessnitz. Terms not published.

8. *Willow Grove Water Cure Institute*, Montgomery county, Pennsylvania, thirteen miles Northwest of Philadelphia, by C. C. Schieferdecker, M. D. Terms:—Eight to ten dollars per week. The Doctor's head seems to be entirely filled with water and its potencies, to judge by the following extract from his advertisement: "Its proprietor and director, C. C. Schieferdecker, M. D., who has the honor to have introduced Hydriatics into this country ten years ago, and who resides in the institute. Dr. Schieferdecker strictly adheres to the principle, that every disease at all curable, can be cured by water alone, that all medicine is poison, and that every one who connects drugs with the water cure is either a blockhead or a villain; besides this, Dr. S. is not bitten by Grahamism."

9. *Brownsville Water Cure*, Brownsville, Pennsylvania, by Dr. C. Baelz. Terms:—Six dollars per week.

10. *Cleveland Water Cure*, Cleveland, Ohio, by T. T. Seelye, M. D. Terms:—Eight dollars per week.

11. *Dr. Munde*, a distinguished Hydropath from Germany, has bought the fine establishment of the late Dr. Ruggles, Bensonville, near Northampton, Massachusetts.

12. *Dr. Joel Shew and Seth Rogers*, have an extensive Hydro-

pathic establishment, corner of Twelfth street and University Place, New York.

13. *Dr. R. T. Trall*, has pleasant Hydropathic establishments at 15 Laight street, New York, and Oyster Bay, Long Island.

We should be pleased to notice the celebrated Brattleboro establishment in Vermont, and a number of Water Cure establishments of the South and West, but have no circulars to refer to. B.

HYDROPATHY.—The greater portion of this number has been devoted to the water-cure, the importance of which must be appreciated by all true medical reformers. The lecture of *Dr. Gordon* contains a very valuable suggestion in reference to the warm douche and the syphon. Such suggestions are remarkable as coming from an Old School physician. They form a remarkable contrast to his wretched medical resources derived from the schools, and his ignorance of the very subjects to which he alludes. Had *Dr. G.* been educated in an Eclectic School, he would probably have done much for humanity. In reference to the vapor bath he is equally mistaken in saying it has but few advocates and that it impedes or arrests cutaneous transpiration. On the contrary, it invariably promotes the action of the skin, and the alcoholic vapor bath is perhaps the most powerful diaphoretic known. As to fomentations *Dr. G.* greatly underrates their value, and as to poultices he is equally mistaken in supposing that they have no other influence than that of their warmth and moisture. How scandalously ignorant are our best schools and their graduates in many important practical matters. B.

ECLECTIC PRACTICE.—*Dr. C. W. Arnold* reports from March 1849 to January 1850, 266 cases treated, 257 cured, eight benefited and one died.

Dr. G. Miesse, of Greenville, Darke county, Ohio, has attained much reputation by numerous and successful surgical operations which are favorably alluded to in a newspaper of that region.

Dr. D. P. Stille, of this city, has been highly complimented in the city papers for his surgical skill as evinced in a recent operation. B.

HILL'S SURGERY.—*Dr. Hill* is rapidly progressing in the publication of his Lectures on Surgery. B.

TRUSTEES OF THE INSTITUTE.—At a meeting of the stockholders of the Eclectic Medical Institute of Cincinnati, held at the house of *T. V. Morrow*, on Monday, April 1st, 1850, (a majority of the shares of stock which have been issued being represented,) an election was held for a new Board of Trustees, in accordance with the requisitions of the charter of said Institute, which resulted in the unanimous choice of the following gentlemen to serve for one year, or until their successors are elected :

Calvin Fletcher, Esq.,	T. V. Morrow, M. D.
Henry Roedter, Esq.,	J. R. Buchanan, M. D.
Jas. D. Taylor, Esq.,	I. J. Avery, M. D.
Israel Wilson, M. D.,	Alphonso Taft, Esq.,
L. E. Jones, M. D.,	Rev. B. F. Barrett,
Rev. H. Jewell,	J. L. Conkling,
Jas. Bindley.	M.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION assembles in this city on the twenty-first of May, at the *Eclectic Medical Institute*. The National Old School Medical Association assembles on the seventh. The great array of numbers and talent called together by our Old School neighbors, should stimulate us to gather a larger and more imposing array than we have yet assembled. The ample and interesting publications which they have issued, should inspire the members of our fraternity to take up their pens and use them effectually. Our indigenous *Materia Medica* is being explored by the Old School Association, and unless our friends arouse and make known their knowledge, they may find their own legitimate laurels worn by other brows.

THE following are the names of the gentlemen of the committees appointed to prepare reports. We hope they will not disappoint our just expectations. *On Theory and Practice*, Drs. T. V. Morrow, I. J. Avery, J. F. Merrill. *On Surgery*, Drs. R. S. Newton, B. L. Hill, Z. Freeman. *On Obstetrics*, A. H. Baldrige, A. Brown, A. H. Willis. *On Materia Medica, &c.*, Drs. J. King, L. E. Jones, J. F. Merrill. *On Physiology*, Drs. J. R. Buchanan, W. B. Powell, H. P. Gatchell. *On Chemistry*, Drs. J. H. Oliver, J. King, P. C. Dolley. *On Medical Statistics*, Drs. J. R. Buchanan, J. Borton, I. Wilson. B.

T H E

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Part 1.---Original Communications.

ON THE RELATIONS EXISTING BETWEEN THE SPLEEN AND FEVER AND AGUE.

BY C. PAOLI, M. D.

THE spleen being an organ with whose functions we are wholly unacquainted, and of whose necessity in our organization we might on the whole almost be tempted to doubt, as its removal from animals and even men, (as has been shown by actual experiment,) does not have any sensible effect upon the integral functions of the body after the necessary consequences of such an operation are once safely passed through, it is not surprising therefore that its diseases must be very imperfectly understood. No clear, decided symptoms of any disease of the spleen, so that it can with certainty be considered as an independent disease, have as yet been satisfactorily demonstrated; and it is only the disorders of this organ which appear as accompanying symptoms to other universal or local diseases, (for instance the Typhus fever, and those maladies belonging to the same class, the Bright disease and Fever and Ague) which have hitherto excited any considerable attention; although the relations in which these splenic affections stand to the co-existing disease, cannot as yet be considered as sufficiently clear; and it cannot positively be determined, by any certain pathological process, whether several pathological changes in the spleen which appear upon dissection, are connected with co-existing diseases or not—as is also the case with certain disorders of other abdominal organs, for instance the liver.

Under such circumstances it can easily be seen that the diag-

nosis of disorders of the spleen in living subjects, must be extremely uncertain. The subjective symptoms which are received as signs of disease in the spleen, are principally obtained from the general organization, and are of that uncertain character that very little reliance can be placed upon them, as they do not differ from those phenomena which distinguish diseases of other abdominal organs; and even such symptoms, imperfect and unsatisfactory as they are, are often wholly wanting in cases where dissection or external examination of living subjects show the existence of disease in this organ. Consequently, the principal method of diagnosis, that by which the so called physical symptoms are obtained, (which relate only to the form and size of this organ,) is the only one upon which we can depend to enable us to determine the diagnosis of the disease.

The different modes of examination which here come under consideration, are measurement, the touch and sight of the abdomen, and percussion of the region of the spleen. When the spleen is so affected that its circumference considerably extends beyond the normal state, so as to reach far below the lowest rib, it will not be so difficult to arrive at a tolerably certain result by external examination; although the possibility of confounding these symptoms with those of diseases of other abdominal organs, requires a careful examination. But when the increased size of the spleen does not greatly exceed the normal state, it will be evident on consideration of this organ's situation that we cannot depend upon feeling, and that it must be very difficult to arrive at any certainty by percussion.

The greater part of the spleen lies in the convexity of the Diaphragm, and its ordinary length is from four to five inches, its breadth from three to four, and in its normal state it does not extend below the lowest left rib. The foremost part lies in contact with the stomach, which organ from its containing several gases is extremely variable in sound on the application of percussion; but it is particularly the different shades of sound perceptible in that part of the spleen lying within the diaphragm, which here come under consideration; and those which must pass through the diaphragm, the lower part of the left lung and ribs are only perceptible by very deep percussion, and it will be clearly seen that in order to form any certain opinion of even a considerable alteration in the size of the spleen, it must require an exceedingly acute ear, experienced in the practice of percussion. It is by this method of examination that Piorry, (who always makes use of the Pleximeter for this purpose,) by indefatigable industry has arrived at such astonishing skill, a skill so great that on applying percussion to cadavers where the correctness of his opinion could be tested, has repeatedly shown that he has very rarely been mistaken, and by such experiments has brought to light very many remarkable facts

concerning the state of the spleen in intermittent fever. It has long been known that fever and ague exerts a great influence upon the spleen, causing a considerable swelling in that organ in tedious obstinate fever and ague, but Piorry has incontrovertibly proved that the spleen almost always is swollen in ordinary fever and ague, which swelling is produced by a congestion of blood or hypertrophy, so that its length sometimes increases to even ten inches, and on an average keeps at six inches, and that this swelling is positively influenced by fever and ague, so as to be largest when the fever is most obstinate, decreasing when the fever diminishes, and disappearing when that ceases but reappearing with every return of the fever. Finally, the swelling of the spleen as well as the fever and ague are decidedly operated upon by quinine, and when the fever ceases from the use of quinine, the disorder of the spleen ceases also.

As these phenomena almost invariably accompany ordinary fever and ague, it is not surprising that one who by his untiring exertions has proved their inseparable relation to fever and ague, was led to attribute an important part to the spleen in this disease. Accordingly, we see that in a work written by Piorry a few years ago, he advances the opinion that disease of the spleen is the primary cause, and fever and ague a secondary symptom of this disease. This opinion has meanwhile met with much opposition, (see the proceedings of the French "Académie du médecine" for June, July and August, 1848,) although in many important respects, the correctness of his statements is admitted, which acknowledgment is justly due to his indefatigable zeal. But as has often been the case in the history of science, when a scientific debate is opened on a newly advanced theory, the exertions made by each party to support their own opinion, and the research thus brought into action, have been useful in being the means of bringing to light much important information. Even though these debates have not resulted in fully establishing Piorry's theory, on the other hand its opponents have far from succeeded in refuting it. Thus this discussion has brought forth an exchange of ideas, in many respects highly instructive, as a nearer acquaintance with the observations upon which Piorry grounds his theory, as well as the objections which are made to it will show. Hypertrophy in the spleen is, according to Piorry, a phenomenon which almost always accompanies fever and ague as well under its paroxysm as in its Apyrexia. Out 161 cases these symptoms were found in 154, and in the other 7 there was pain in the region of the spleen, the other 3 were not satisfactorily determined. Often (82 times) there existed at the same time Hypertrophy and pain in the left side, which probably proceeded from the spleen, and frequently preceded the first paroxysm of fever and ague. The miasma arising from marshes is the most prolific cause of hypertrophy of the spleen and

the accompanying fever and ague. Thus it will be seen in low and swampy ground, where the miasma constantly arise, that the spleens of men as well as animals are found to be in a hypertrophic state. But what Piorry considers of great importance with regard to his theory is, that other causes which give rise to too much blood in the spleen, or such as can be attributed to inflammation, are accompanied by fever and ague paroxysms. He has also 17 times seen fever and ague make its appearance after a fall or blow upon the left side, where pain and other symptoms plainly indicated a diseased state of the spleen. Fever and ague also often accompanies organic defects in the spleen, and in such a case has the form of a quotidian.

In individual cases he has repeatedly shown, beyond a doubt, that severe percussion in the spleen produced an attack of fever and ague which could not have been caused by a blow on any other part of the same individual's body. In another very remarkable case of displacement of the spleen, an attack of fever and ague appeared every time this organ was displaced, while it disappeared when the spleen by the aid of mechanical means was restored to its normal state. In this case where disease of the spleen was produced by a mechanical cause, we see that it preceded fever and ague and thus cannot be a consequence of it. The paroxysms always appear whenever the spleen is affected, but we can be sure of their disappearance as soon as the spleen is brought to its normal circumference. The question here arises, whether other diseases of the spleen, which must undoubtedly be considered as bearing a close resemblance to hyperæmia or hypertrophy are accompanied by fever and ague paroxysms or not. Piorry has now by his skill in diagnosis of living subjects, in cases of increased circumference of the spleen in typhus fever, on examining the patient with great care and impartiality, found that they all suffered from periodical fever attacks, shiverings and sweatings which appeared during the long continued fever. Thus what are called exacerbations are to be considered as complications of the typhus fever, and fever and ague. On administering quinine in such cases, the circumference of the spleen was reduced to its natural size, the exacerbations ceased, and the (tedious) fever continued its course. Concerning disorganizations of the spleen, Piorry has also observed that they (for instance tuberculous diseases and cancer, are sometimes accompanied by fever and ague which is then very obstinate, but at the same time he admits that they might exist in a very high degree without fever and ague necessarily being co-existent; but this arises from the texture of the organ becoming completely changed. It is only congestion, hypertrophy, inflammation and neuralgia of the spleen which are followed by attacks of fever and ague, therefore, on closer examination of such patients, we often find that they have suffered from

such disorganizations in the beginning as are easily accompanied by a state of congestion. Piorry attributes those uncommon cases in which he cannot deny the presence of fever and ague without there being any alteration in the circumference of the spleen to neuralgia in the spleen. He has not found that the spleen becomes hyperemic during violent running as is the general opinion.

Fever and ague is thus according to Piorry a symptom of certain diseases of the spleen, or its sympathetic nerve branches, just as dyspnoea and cough are symptoms of affections of the respiratory organs, the different types and characters of the fever attacks being attributable to the different splenic affections. The common cause of fever and ague, namely, the miasma arising from swamps has then a particular influence in producing hypertrophy in the spleen, an influence which cannot be satisfactorily explained, but which is extremely analogous to the specific property which *Belladonna* possesses of operating upon the iris, *digitalis* upon the heart, *cantharides* upon the urinal passages, and as we shall presently see quinine upon the spleen, but as *cantharides* operates upon diseases of the urinal passages, which in turn probably through the nervous system of the urinal organs can bring on a long continued fever, so can disease of the spleen through its (nerveplexus) produce fever and ague, in which the appearance of paroxysms and *apyrexia* is just a peculiarity of the spleen, and besides wholly unaccountable. What are called *febres intermittentes*, *larvata* are pure neuralgic affections, proceeding from entirely different diseases, and altogether unconnected with disease of the spleen. The most important arguments in support of his theory, Piorry gathers from his interesting experiments concerning the operation of the quinine salt upon the spleen and its disorders. If an individual whose spleen is sound—takes from ten to twelve *grs.* quinine, it will be found that the circumference of the spleen will very soon be diminished one fourth to half an inch and even more. It is in such a case self evident, that the quinine does not operate upon the periodical fever, as it is not in such a case existing. In case of a fresh hyperæmia or increase of the spleen without hypertrophy, the spleen, diminishes in the same degree from a similar dose of quinine. This is also the case when the organ has partially undergone a structural change, and at the same time is suffering from a simple hyperæmia. If it on the contrary, be changed to a tuberculous or cancerous mass, or its fibrous capsule has become thick or hard, it does not become diminished, or at most, but little. These observations have frequently been made by Piorry and others, but the rapidity with which this change takes place is none the less remarkable. If the circumference of the spleen be measured by the aid of the pleximeter, and this circumference marked upon the skin with ink, and from 16 to 18 grains quinine be administered, in one minute afterwards it will be

observed that the dull sound proceeding from the spleen, is confined within the line of demarcation, particularly in the longest diameter. The diminution is greatest in the beginning, and ceases in a quarter of an hour. Experiments have been made upon dogs, by injecting sulphate of quinine dissolved in alcohol into the blood, and immediately afterwards a diminution of the spleen was observable. The quinine which is most easily dissolved operates better than that which is more difficult to dissolve, on this account the former ought always to be used in preference to the latter. The diminution of the spleen depends very much upon the dose of quinine given, this must therefore be proportioned according to the severity of the existing hypertrophy. Quinine injected in the intestinum rectum has also the effect of reducing the circumference of the spleen. What are called quinine substitutes do not produce this effect, but the cold douche applied to the regions of the spleen, according to Fleury's experience, diminishes that organ, and might according to the same authority prove beneficial in fever and ague. As long as disease of the spleen in its acute form exists, the fever will continue. As the spleen decreases in size, the fever abates in intensity, and when that organ has arrived at its normal circumference, the fever ceases. A weak dose of quinine diminishes the spleen but little, although it always decreases somewhat. The attacks cease for a short time, but when the spleen is still somewhat hypertrophic, the fever attacks soon reappear on the recurrence of the slightest exciting cause of the disease. Thus the different degrees of fever bear a certain relation to the increase or decrease of the circumference of the spleen. When the spleen continues to be enlarged after tedious fever and ague, yet without being disorganized, the patient will continue to suffer from fever attacks, in which the different stages are very imperfectly defined, after a shorter or longer time a regular relapse takes place, but all symptoms cease, when on giving a large dose of solution of sulphate of quinine the spleen is reduced to its normal circumference, under which circumstances alone there is any certainty of security against relapse.

Fever and ague not occasioned by congestion or hypertrophy of the spleen, will not give way for quinine alone. Thus those for instance which arise from an intercostal neuralgia in the left side, from inflammation in the spleen, or a displacement of that organ, are relieved by the use of those means which are adapted to the nature of each particular disease, as cantharides blister in neuralgia etc—although the use of quinine at the same time in such cases has proved beneficial. When the disease in the spleen is disorganization, or a thickening of the capsule of the spleen, accompanied by fever and ague, quinine is of no use. The above facts which cannot be explained according to the generally received theory, are considered by Piory as positive proofs that quinine

cures the fever by operating on the spleen, and that this organ and its nerveplexus are the central point for fever and ague, and are besides of no little importance in a diagnostic and therapeutic point of view. Thus in cases of fever and ague, where the paroxysms are so severe as to endanger life, on examining the spleen with the pleximeter, the nature of the disease can immediately be determined and the physician thereby enabled to administer large doses of quinine instantly, and thus avert the threatened danger. Hence it follows that quinine can be used in any stage of the fever whatever, and that the directions which are laid down are far from being so important as they are considered to be. The necessary quinine can be given during the ague attack without the least injury, and experience has shown that the spleen decreases in size, quite as well as under apyrexia, but the existing paroxysms notwithstanding continue their regular course. But when no particular danger is to be apprehended, it is more preferable to give it in the apyrexia stage in the usual way. Furthermore it is thus practicable to take the diagnosis of the affections of the spleen in typhoid fever, and by proper means reduce the complication. It can easily be seen furthermore, that the complicated manner in which fever and ague has hitherto been treated, is to say the least useless. The principal thing to be done, is to remove the patient from unhealthy ground and make use of quinine. Finally if it should become necessary for instance in cases of children, sulphate of quinine dissolved in alcohol can be introduced by the intestine rectum, and thereby prevent the further progress of incipient fever and ague.

It is not surprising that this theory whose ground principles are here laid down, should have met with much opposition, as it certainly on first consideration appears strange that an organ whose use in our organization is entirely unknown, or at most seems unimportant, should have such an important, unaccountable influence as to be the organ where fever and ague is seated. Besides it is certain that fever and ague can appear as a local disease in many organs with the most different symptoms while it still remains an enigma that disease of the spleen should appear now as coma, then as tetanus, again as epilepsy, cardialgia, &c. Furthermore it appears that a great variety of diseases of the spleen, as hyperæmia, inflammation, ramollissement, hypertrophy, and neuralgia are given as causes to one and the same effect, viz., fever and ague. But there are undoubtedly many physiological as well as pathological circumstances under which the spleen can be shown to be swollen and in a hyperæmic state, without fever and ague being present. Thus congestion in this organ is often caused by an immoderate use of drinks, and in all diseases where circulation of the blood is irregular; for instance in disease of the heart and the liver; and the way Piorry explains the incontrovertible fact, that

the spleen is sometimes swollen in typhoid fever and other similar diseases, by attributing it to the fever's remissions, can scarcely be supported. As it is certain that lesions, for instance rupture of the spleen, with consequent inflammation, occur without following fever and ague, so can the spleen (as is now with certainty ascertained) be affected by chronic swelling without fever and ague necessarily being co-existent. Such is often found to be the case after the fever has ceased, and it is this which has given rise to the now discarded opinion, that quinine produces swelling of the spleen, (*physconia*.) On the other hand it is equally certain, that even if the paroxysms of fever and ague, for instance the cold state, are accompanied by congestion of the spleen, it can be found wanting in the *apyrexia*. It is seldom that an opportunity occurs of testing the truth of these statements by actual observation, by dissection, as the first attack of fever very rarely causes death. But in those countries where virulent fever and ague prevails, we have the most reliable accounts of cases where patients have died in the earlier stages of the disease even under the first paroxysm. Such an epidemic of *febris intermittens comatosa*, was prevalent in the summer of 1847 amongst a division of the French troops in Africa, and Felix Jaquat who observed the progress of the disease, has given us the following observations: 16 out of 48 cases proved fatal. 13 of those that died, on being dissected were found to have extravasated blood under the arachnoid membrane, and frequently congestion of the brain and its membranes. In 7 of these cases the spleen was examined; in 3 of these who died under the first paroxysm, the spleen was swollen, 3 who died under the second paroxysm, the spleen was in a normal state, as was also the case with the remaining one who died under the third attack. Finally concerning the operation of quinine, the deviations from the foregoing observations of its effects upon the spleen, ought not to be overlooked; Valleix for instance mentions his having made use of quinine in several cases of third-day fever where the spleen was considerably swollen, without being able to detect its exerting the least influence upon that organ; even a couple of days after the fever had ceased. But according to the known operation of this medicine it is nevertheless agreed, that in using it we are combatting the periodicity—not the fevers, not the disease which is present, but just the paroxysm which is expected. It is also against such periodical attacks that it is made use of in diseases which have this peculiarity in common with fever and ague, as the *febris larata*, and they also resemble each other in being curable by this medicine, and yet no one will pretend to say that they are accompanied by disease of the spleen.

Although Piorry's theory will scarcely meet with any general reception, yet our full acknowledgements are justly due for the information which has been the fruit of this controversy. The result of all these observations is, that the congestion of blood

which takes place during a paroxysm of fever and ague, (principally in the cold stage,) affects all the abdominal organs which is apparent by the external paleness and coldness, particularly the spleen; it being an organ which is capable of momentarily expanding or contracting. Magendie has in vivisections seen the spleen swell almost instantly on the injection of a considerable quantity of water into the veins, and contract on being strewn with salt or strychnin. Asolant has also in vivisections seen the spleen expand to such a degree as to seem about bursting, when a few moments afterwards pressure being made upon its veins, and then removed, the congestion of blood subsided immediately, and the strained glossy skin became again wrinkled and uneven. This spongy organ which under fever-paroxysms is the seat of so considerable a congestion, that even ruptures have been known to take place accompanied by blood extravasated. The cavity of the peritoneum becomes diminished again under apyrexia, and increases but very little in circumference after the first or second attack. This is evident from Jaquat's observations, from which it appears that the spleen after one or two attacks was either in its normal state or but little swollen, and that the spleen is not diseased at the time the fever commences, but first becomes so after repeated attacks, which undoubtedly can be shown by percussion. Those patients who have suffered from fever for some length of time have the severest hypertrophy of the spleen. If quinine be given immediately, hypertrophy of the spleen may be prevented. If it be given after repeated attacks when the spleen has already arrived at a certain circumference, the fever will cease, and it will be found that the spleen will gradually return to its normal dimensions, because it will no longer be the seat of that congestion of blood which always accompanies every paroxysm of fever, and because the organ little by little gains time to return to its normal state by absorption. Finally, if quinine be given very late in the disease, or the patient continues under the influence of marsh miasma, the fever may indeed be stayed, but the long continued congestions have caused a severe hypertrophy or a disorganization of the tissue of the spleen, which is exceedingly obstinate, and often resists all medical skill. Thus we see the causes of what is called swelling of the spleen, (or physconia.) Disease of the spleen is then, in all probability, an effect of fever and ague—not its cause, as individuals from whom the spleen has been removed are quite as liable to fever and ague as others, as has been proved by positive experience. Meanwhile it is not only the spleen, but the liver also which is affected in this way under fever and ague paroxysms, although in a less degree. It can be proved by percussion that the liver can be increased in circumference when the paroxysms have been often repeated; and that it can likewise suffer from a structural change is generally known.

The kidneys, too, are sometimes the seat of hyperæmia, and are subject to functional derangement under the paroxysms. The urine which in the beginning is thin and pale, soon becomes thick and deep colored, and its normal component parts are increased in quantity; sometimes it is found mixed in blood. M. Solon has observed that the urine under the course of fever and ague becomes albuminous about one time out of four, which ceases after the fever is stayed, but when the fever is long continued and hyperæmia frequently reappears, it is not improbable that the albumen can continue chronic, in the same manner as the Bright disease of which M. Solon has also seen many instances.

CINCINNATI, April 15th, 1850.

(MUCH might be said in reference to the above subject, but time and space do not permit a full discussion of its bearings. The researches of Piorry in reference to the spleen, are, we believe, more valuable in their bearings than those of any of his predecessors. We should not however overlook the inquiries of the Italian physicians, Drs. Verga and Tigri. These gentlemen have shown that the consequences formerly ascribed to the loss of the spleen, such as obesity and changes in the sexual functions, do not regularly occur, and that an increase of vivacity is the most usual consequence of its loss. The idea of Piorry, which localizes fever and ague, by connecting them with the spleen, is in harmony with many facts which go to show that the hypochondriac region of the human body, is the general centre of morbid influences—a proposition which may be easily demonstrated, and which we have taught for several years.

B.

TREATMENT OF BURNS.

COLLEGE CORNER, OHIO, April 30, 1850.

To the Editors of the Eclectic Medical Journal:

GENTLEMEN:—I have just been testing the value of morphia, externally applied, in cases of burns, and have found it admirably adapted to such cases.

I do not recollect of ever having seen this article recommended in your valuable Journal for this purpose, and am therefore induced to report the following case to the Eclectic profession, providing it shall meet with your approbation.

On the 12th of March last, I was hastily called to a Miss E. M., who had about two hours previous had her clothes literally

consumed upon her. When I reached her residence, I found her very much exhausted, seeming to be in the greatest agony, and unable to contain herself in any position. After having removed a coating of soot and lard, which had been applied by order of an Old School physician who happened to be on the ground at the time of the accident, I found the integument and superficial fascia in relation with the latissimus dorsi and trapezius muscles entirely destroyed with the exception of a space, say an inch in width, extending up the spine as far as the first dorsal vertebra. The trapezius was exposed and pretty well cooked, up to its origin and around to its insertion on both sides. The deltoid muscles were nearly destroyed—the left arm being stripped of its integuments as low as the insertion of the deltoid, and on the under surface the cuticle was removed to the elbow. Both ears were burned black, and the lips and nose did not escape.

Treatment:—After having the surface well washed with warm soap suds, I applied a plaster of the black salve, sprinkled with eight or ten grains of the sulphate of morphia, over the whole extent of the injury. The result was that my patient was quieted in a very few minutes, and in a short time fell into a composed and quiet sleep, which lasted through the greater part of the night, and when she awoke she was entirely free from pain. On my visit on the succeeding morning I found that where the cuticle had been removed, the surface below was in a state of active suppuration, and that in those points where the cuticle adhered, the inflammation was greatly ameliorated. After the tepid ablu-tion, I again applied plaster of salve and morphine, taking care to reduce the quantity of morphia to about two grains. This dressing was renewed twice per day for three days, and after that the black salve alone was used. A little brandy and water to aid reaction and a hydragogue cathartic after it had become established, was the internal treatment.

The "Old Physic" as well as all the neighbors, said that my patient could not recover. But the result of the case shows satisfactorily, that the timely application of the remedy in question will cure; for the patient rapidly convalesced from the start, and is now well.

I have treated a goodly number of patients during the last fourteen months with the loss of a single patient,—thanks to your faithful instructions! The lost patient was a child in "articulo mortis" from cholera when I arrived.

Yours, &c.,

D. LATHROP, M. D.

Part 2.---Miscellaneous Selections.

ANÆSTHETIC AGENTS.

To the Editors of the Boston Medical and Surgical Journal :

DEAR SIR.—I am glad to perceive that physicians, and especially those who are operating surgeons, are beginning to discriminate in their use of the different agents, the respiration of which subdues pain.

Practically, we may consider the action of them as producing intoxication in all its degrees, like alcoholic ebriety.

First, there is light delirium and comparative absence of perception, so that, although the patient has a degree of consciousness, sensations usually painful are deprived of their agony. This is the stage to which dentists usually carry their patients. Muscular power may nearly disappear in this stage, and the patient on recovery after considerable operations will remember peculiar and not painful sensations, when the live parts were cut.

In November of 1846, I performed the amputation of an arm, the second under the use of ether, while the patient was dreaming of her harvest labors in Ireland, and felt grating but not painful sensations, “as if a reaping-hook was in her arm.”

The second stage, arrived at by persisting in the use of these agents, is one of complete insensibility, in which there is not the least evidence of perception or consciousness. The delirium and contortions often exhibited during the first stage, entirely disappear. Stertorous breathing commences—perfect sleep appears to exist—the functions of the mind are suspended—there are no dreams or imaginings—the muscles relax, and are without contractility or tonicity. This state can be indefinitely continued—long enough for any surgical operation, and is the state preferred by surgeons for the performance of capital operations, the reduction of fractures and luxations, and strangulated hernia. The relaxation is more perfect than any I have seen produced by the narcotism of tobacco, or the deliquium of venesection.

In the first stage, the impulse of the heart is increased, and the pulse quickened; but soon the heart's action and the frequency of the pulse is diminished. In the second stage, the action of the heart becomes more vigorous and natural—a state of toleration

appears to be established, and if an occasional draught of atmospheric air be admitted, the insensibility may be continued apparently without danger, long enough for the performance of the most protracted surgical operations. The pulse, respiration, and capillary circulation, should be carefully watched, and should guide us in continuing or suspending the anæsthetic state.

The difference between the narcotism effected by respiring anæsthetics and swallowing them, appears to be the transient character of the former. Both are effected by the absorption of the agent into the blood and its direct contact with the brain. Only in the one case the cause remains a long time in the stomach, supplying new particles to keep up the intoxication; while in the other, the first breath of atmospheric air puts a period to all absorption of the agent by removing it from contact with the mucous membrane. Consequently the results of these two species of intoxication are widely different. That produced by respiration disturbs the system far less. Headache, the common sequel of alcoholic ebriety, is either absent or far less observable, the languor and lassitude less annoying, and the vomiting more speedily terminated, though nausea and vomiting are always to be apprehended, and our patients should be cautioned to respire anæsthetics only on an empty stomach.

It is impossible to read the conflicting opinions of competent surgeons as to the value of etherization, and not be convinced that they speak of *different stages* of it. If a patient can safely, and without violence, be rendered unconscious, unresisting and perfectly quiet, can any one doubt that an operating surgeon can proceed to his duty, with more calmness, safety, and even expedition, than when the concentration of his faculties of mind and body is disturbed by the agony or impracticability of his patient?

Every one must have observed that narcotics, however exhibited, make the subject first boisterous, then lethargic, and lastly moribund, according to the activity of the agent, and the degree in which it is administered. It does not seem to me that the newly discovered anæsthetics differ from others in this respect. I remember to have seen, twenty years ago, a young woman delivered, after severe travail, perfectly unconsciously, while made drunk with brandy, and, as I recall the case now, she appears to me to have been in the same state as that of entire narcotism from ether.

Chloroform is undoubtedly the surest, quickest, most convenient and most agreeable agent to effect the narcotism desired by surgeons; and if we could only add, the *safest*, the great desideratum would be obtained. But deaths have occurred from the use of this powerful article. It had not been long introduced before we were startled by the occurrence of deaths from its use, in Cincinnati, in London, and on the Continent of Europe. The quantity of the agent producing this fatal effect was small, and cautiously

administered. It seemed as if the nervous influence was extinguished too rapidly and completely. Most surgeons renounced this popular and effective anæsthetic, and it has never regained the favor of the profession. In this part of the country, in many trials of this agent, we have witnessed no disastrous results, but in relinquishing its use yield to the conviction of the evidence brought to us from abroad.

A patient of mine, harrassed with agonizing pain, inhaled five ounces of chloroform in seven hours without any distressing results, except a bloody expectoration, which soon disappeared without any bad consequences.

The objections against the use of *sulphuric ether*, the first anæsthetic introduced into practice, are its penetrating odor, remaining for weeks and even months in the apartments of the sick, its suffocating irritation of the air-passages, and the inflammable character of its vapor. Although much less rapid in its effects than chloroform, it is not entirely free from disastrous results. Several fatal cases have been attributed to its use. Having been the first agent announced, it has acquired an extensive use, and is preferred by many, as by Dr. Hayward, as the safest and best.

The only other anæsthetic agent, extensively employed, is *chloric ether*. This is preferred by several of the surgeons of the Massachusetts General Hospital, especially by Drs. Warren, sen. and jun. It is an agreeable, efficacious, reliable agent, which has yet, after two years' trial, furnished us with no disastrous result. It differs from chloroform in its effects, as wine differs from brandy. The insensibility produced by it, is not so suddenly attained; a state of toleration more sure to be established. I cannot admit the force of Dr. Hayward's reasoning against its use. We have as yet no evidence to prove it is less safe than sulphuric ether, although it contains chloroform in solution by alcohol. The truth is, we do not yet know that any agent, annihilating sensibility and consciousness, is entirely free from danger. We know that sulphuric and chloric ether are comparatively safe, and of the two, that instances of death only belong to the first. I have been in constant use of the latter for nearly two years, with increasing satisfaction, and in a considerable number of amputations of the large limbs, trepaning, and removal of tumors, I have found no bad consequences, which have remained for any considerable time after its use. Its excoriating effect can always be prevented by the previous application of oil, and nausea will seldom take place if the stomach is empty. The headache and mental perturbation, in my experience, have been transient. Why, then, should we give up so satisfactory an agent?

The different opinions of medical men upon the value of anæsthetic agents, seem to me to be mainly owing to their witnessing

it only in one stage. In the period of intoxication it is often an embarrassment to the operation, while in complete narcotism it extinguishes all power of resistance. A skilful and gradual administration of the agent, will insure a transition from the first to the second of these states, without any really distressing symptoms. We have yet much to learn in our observation, of these agents. There is no need to fear that we shall give up their use. The appeal of suffering and distress will *compel* us to apply to them. It only remains for faithful and candid observation to point out to us the surest, safest and best.

I am unable to perceive any difference, except in degree, in the properties of the different agents used to produce anæsthesia. True, it has been contended, but as yet without proof, that chloroform is a poison, *sui generis*. I can only perceive that it differs from the other agents in degree—in concentration of power over the nervous system; and having, for more than a year, found the concentrated *chloric ether* acceptable to the patient and effectual for my purpose, and, although it may be diluted chloroform, never having witnessed, or known, of dangerous results from its use, I am induced to recommend it, as satisfactorily fulfilling the purposes required. It remains for future observations by practical men to determine whether we shall finally settle down upon this, or some other anæsthetic agent.

A. L. PEIRSON.

Salem, Thursday, April 11th, 1850

TREATMENT OF SCARLET FEVER.

To the Editors of the Boston Medical and Surgical Journal :

SIR:—As everything relating to the treatment of scarlet fever—a disease almost as fatal and destructive as cholera itself—is of great interest to the profession and the public, I desire to call the attention of your readers to the mode of treatment recommended by Dr. Schneemann, Physician to the King of Hanover, as contained in a recent number of the London Lancet. The plan proposed by Dr. S. has not received the attention from the medical profession in this country, or in England, so far as my knowledge extends, that its importance demands. My experience with it is now considerable, and I think I can safely recommend it as a very valuable addition to our means of conducting this dreaded disease to a satisfactory termination. It is philosophical and rational in theory—simple and efficient in practice.

Its *modus operandi* will be seen at a glance, and will commend itself to every discriminating physician, for every one, I think, will admit that the chief weight of this disease falls upon the skin; and of course whatever tends to restore the deranged func-

tions of this important part of the body, will contribute most materially to alleviate all the symptoms. The employment of this remedy of course will not prevent the use of such other means as experience sanctions and each particular case calls for, as laxatives, febrifuges, applications to the throat, internal and external, &c.

I hope a fair trial will be given to this mode of treatment by the profession, and the results made known through the journals, that its true value may be definitely ascertained. I subjoin the most important directions given by Dr. Schneemann, in a somewhat abbreviated form.

HARVEY LINDSLEY, M. D.

Washington, D. C., April 11th, 1850.

Treatment of Scarlet Fever by Inunction.—"From the first day of the illness, and as soon as we are certain of its nature, the patient must be rubbed morning and evening over the whole body with a piece of bacon, in such a manner that, with the exception of the head, a covering of fat is everywhere applied. In order to make this rubbing-in somewhat easier, it is best to take a piece of bacon the size of the hand, choosing a part still armed with the rind, that we may have a firm grasp. On the soft side of this piece slits are to be made, in order to allow the oozing out of the fat. The rubbing must be thoroughly performed, and not too quickly, in order that the skin may be regularly saturated with the fat. The beneficial results of this application are soon obvious; with rapidity, bordering on magic, all, even the most painful, symptoms of the disease are allayed; quiet, sleep, good humor, appetite, return, and there remains only the impatience to quit the sick-room.

The advantages of the treatment indicated may be summed up as follows:—

1. The improbability, we might almost say the impossibility, of the patient getting cold, while the skin is thus covered with fat—a point in no disease more important than here.

2. The dry brittleness of the skin, and the tormenting itching, are by it not only materially alleviated, but generally entirely removed. Every practitioner knows how often the itching and burning of the skin in scarlet fever are unendurable to children, keeping them constantly in distressing movement, and robbing them of sleep. Hence children are generally well satisfied with this process, and often ask for its repetition long before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming on of the scarlet fever, the skin becomes diseased, in consequence of which it loses its vital power. During this illness and until a new covering is again prepared for the surface, the functions of the skin are very

imperfectly performed, or during the desquamation, probably not at all. In order to explain the extent and importance of the imperceptible functions of the skin in a merely mechanical view of the matter, the reader is referred to the accurate experiments of Seguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, and therefore more than two pounds per day. What efforts must it cost the organism to lead so large a quantity into other paths, in order to throw it off, when the skin is incapable of doing so!

4. With this disappearance of the desquamation, disappear all those bad symptoms which attend on it. In order to give a striking proof of the importance and bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even if distant organs, we may cite the fact, that death is always the result where more than one half of the skin has been destroyed by fire or boiling liquid. A similar destruction of the skin ensues in scarlet fever, with this difference, that it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which must result from the cessation of the functions of the skin."

DEMONSTRATIVE MIDWIFERY.—It would seem, by an article in the Buffalo Medical Journal, that the professor of midwifery in the medical department of the University of that place, has received a rebuke from some few of the medical gentlemen there, for illustrating his lectures with the living subject. We regret the opposition that has been manifested to this measure, knowing well that it was for educational purposes alone that the professor adopted it, and not being able to see any impropriety in it. To argue that it is "wholly unnecessary for the purposes of teaching, unprofessional in manner, and grossly offensive, alike to morality and common decency," would be taking a position that might be expected from the opposers of science, but is entirely at variance from what should be expected of the profession. It is a truthful saying "that the complexion of sentiments does not depend upon the avenue through which fostering sensations are received, but on that principle which perceives and feels—the mind." *Honi soit qui mal y pense.* These gentlemen must know well the value of clinical instruction, and should be the last ones to oppose a measure which would, in a comprehensible manner, elucidate the phenomena of a vital function. If such proceedings had never before occurred, and the professor was establishing a precedent, even then such manifestations would be uncalled for. We hold that an instructor has a right to adopt any proper measure that will best secure the purpose which he is endeavoring to accomplish. In

this country such proceedings may be comparatively new; but we know well that at the Maternité in Paris, and, in fact, at most of the lying-in hospitals of Europe, they are common. In the University School of Medicine in New York, in which Dr. Bedford is professor of the department of obstetrics, is endorsed the value of such instruction, and Dr. B. mentions in his preface to the work translated by him, (Chailly,) that he has established for the benefit of his class, a clinique, and on the third year of its existence had been able to furnish his pupils with 740 cases. In the case of the professor of the University of Buffalo, he conceived a plan by which he could illustrate, to the graduating class, their duties in the parturient chamber. The patient was in the college, in the apartments of the Janitor, whose wife was in constant attendance throughout the labor. The students were called upon singly to attend the patient, the professor being present to aid and give them counsel. In a few weeks afterwards these same gentlemen received their diplomas as doctors in medicine, and were likely soon to be called upon in similar cases. So much for the innovation from ancient custom that is complained of in the case; and for our part, we think the professor deserves the approbation of the students and the profession, for his endeavors to make the instruction in his department as practical as possible.—*Bost. Med. and Surg. Jour.*

SPEAKING TUBES FOR PHYSICIANS' HOUSES.

DR. ADAMS TO DR. BOND.

Boston, Feb. 20, 1850.

MY DEAR DOCTOR,—Speaking-tubes have become so common with us, that we have hardly considered them a novelty anywhere. Without thinking to make the inquiry, I really supposed they were in general use.

I do not wish to arrogate anything to myself, and least of all should I lay any claim to the invention; yet I think I may in truth say, that I was among the first, if not the very first physician here, who had one fixed in his house.

The suggestion came to me in this wise: I was one day (twenty or twenty-five years ago) visiting a gentleman, by the name of How, who had just moved into a new house, built for himself. He was in his chamber, the third story from the kitchen, and wanting a bowl of water and a towel, he stepped into a closet and asked for them, in his ordinary tone of voice. In due time, a servant appeared bringing the articles, at which I expressed some astonishment; whereupon he soon showed me the contrivance. I immediately had one put into my house, from my sleeping chamber to the

front door, and another from my nursery to the kitchen. I believe almost every physician in town now has one.

You will recollect, that in the house in which I now reside, I sleep in the third story, and yet I can communicate with any one at the front door, (if there is no noise in the street,) in a *whisper*, if I choose.

It is simply a tin tube, about one inch in diameter, with a mouth-piece at each end, leading from some convenient place near the head of your bed, to about a foot above the bell-handle, at the street-door. A stopper should be placed in the upper end, to prevent the air from blowing in, also to prevent unruly boys from disturbing you in the night.

When a messenger comes in the night and rings the bell, you have simply to take out the stopper and inquire who is there, in your ordinary voice. If it be any one acquainted with the contrivance, you have no difficulty; but even a stranger will soon answer, if you repeat the question; and by putting your ear to the tube, you can hear his answers in the door recess, although he does not apply his mouth to the tube. By this apparatus, you can communicate with persons from without, as easily as if face to face; or if you are absent, any of your household may do the same, without the least exposure to the external atmosphere.

Respectfully and truly yours, &c.,

Z. B. ADAMS.

N. B. It is not necessary it should be straight, it may take the angles of the house.—*Med. News.*

REMARKS ON THE COMPARATIVE VALUE OF THE DIFFERENT ANÆSTHETIC AGENTS.

BY GEO. HAYWARD, M. D., ONE OF THE SURGEONS TO THE MASS.
GENERAL HOSPITAL.

It is well known that sulphuric ether, chloroform and chloric ether when inhaled, will render most persons insensible to pain. Advantage has been taken of this to a great extent within the last three or four years in surgical and obstetric practice; and numerous operations, many of which were severe and protracted, have been performed with success in various parts of the civilized world, upon individuals in whom insensibility was in this way induced. That all these agents have this power, cannot be doubted; but it may be questioned whether all of them can be used with equal safety.

It is important to settle this point, if possible; and this can only be done by comparing the effects of these different articles on the system, when taken by inhalation. Numerous trials have been

made of all of them, and the result carefully noted. By examining these and comparing them with each other, a correct opinion may perhaps be formed on the subject.

With a view of contributing something to this desirable result, I will state my own experience, premising that from the time the discovery of the anæsthetic power of sulphuric ether was made, to the present moment, I have had almost daily opportunities of seeing persons rendered insensible by one or other of the three articles that I have named. Upon many of these individuals I have operated myself, and upon others I have seen operations performed by other surgeons, either at the Massachusetts General Hospital or in private practice. My experience, therefore, is not inconsiderable.

I will briefly state what I consider to be the advantages and disadvantages of each of the anæsthetic agents, in the order in which I have named them.

1st. *Of Sulphuric Ether.*

The discovery of the anæsthetic power of sulphuric ether was made in Boston, U. S. of America, in the autumn of 1846. It was administered by a dentist with success on the 30th of September of that year, to a person from whom a tooth was extracted. On the 16th of October following it was inhaled by a patient at the Massachusetts Hospital, who was operated on by Dr. Warren; but complete insensibility was not produced; and the next day at the same institution I removed a tumor from the arm of a female, who was rendered unconscious and insensible by it, though the operation lasted seven minutes. At that time the precise nature of the article used was not known, except to those connected with its discovery.

Before the next operation, which I performed on the 7th of November, I was told what the agent was, by the dentist who had employed it for the extraction of a tooth. This operation was the amputation of the thigh of a female. It was done in the presence of two or three hundred spectators, and was entirely successful. The patient declared, before she was removed from the operating theatre, that she had been wholly unconscious and insensible till the very close of the operation. She suffered but little after, and though much reduced at the time, from long continued disease and severe suffering, she recovered rapidly and now enjoys good health.

There was no doubt in the minds of those who were present on this occasion, of the wonderful powers of ether; yet every one felt that much was to be learned as to the safety of its administration, the best mode of doing it, and the extent to which it might be carried. From that day, however, its use rapidly spread throughout the civilized world, and within a few months, operations were performed on patients under its influence in the four

quarters of the globe. It is remarkable that the only spot in Christendom in which the discovery was received with coldness, and where no disposition was shown to test its merits by fair experiment, was in our own country, and in cities, too, which have heretofore been foremost among us in their efforts to advance the cause of medical science.

The course of the scientific men of Europe was widely different. They subjected it to the most rigid scrutiny, and satisfied themselves by well-conducted experiments, not only that all that had been said of it was true, but "that the half had not been told them."

It is gratifying to be able to add that after countless trials of the powers of ether on the human system made in Europe under the direction of some of the most accomplished professional men living, nothing was added to what was already known in this country, as to its effects or the best mode of exhibiting it.

I have said that the discovery of the anæsthetic power of sulphuric ether was made in Boston in the year of 1846: and I can add that it was there carried to its present condition by the judicious and honorable course of the members of our profession in relation to it. I am aware, that since that time, several individuals have come forward and declared that they had at an earlier date used it in the same way, for the same purpose, and with the same good results. If they had done so the world were none the wiser or better for it; and I cannot forbear adding, that it is utterly inconceivable to me, that any one who has witnessed its successful effects in a surgical operation, could be so regardless of human suffering and so indifferent to his own fame, as not to have promulgated them far and wide.

When sulphuric ether was first administered by inhalation, it was by means of a pretty formidable-looking and expensive apparatus. Various instruments for this purpose were constructed, both in this country and Europe. The same objections applied to all of them. They were so formed as to create a well-founded apprehension that the supply of atmospheric air would not in every case be sufficient. It was difficult to guard against this; and from this cause, some patients, soon after the discovery was made, nearly lost their lives by asphyxia.

Besides, to use them with entire success required, in a greater or less degree, the co-operation of the individual to whom the ether was administered. This of course could not always be had, and the consequence was that very frequently a sufficient degree of insensibility was not produced, and even when it was, it could not be kept up as long as in many cases was desirable.

The cost of the apparatus, too, was a serious objection, though a vastly less important one than either of the others that I have named. At the same time it was so great, that if some simpler

and less expensive mode of administering ether had not been found, it may well be doubted whether the benefits of the discovery would have been as rapidly and extensively diffused as they have been.

But all these objections are entirely obviated by the use of a bell shaped sponge of fine texture. This should be large enough to cover the nose and mouth. The patient is required to do nothing. The apparatus is simple and not costly.

This mode was adopted at the Massachusetts Hospital in a few months after the first use of ether there by inhalation; I am not aware that it was previously used anywhere else, and I presume that it is now the only method by which ether is inhaled.

The quantity necessary to produce the desired effect must vary in different cases. In surgical operations, requiring from five to ten minutes for their performance, from three to six ounces is usually sufficient. The ether, however, should be of the purest kind, that is the rectified, which has undergone a second distillation, by means of which it parts with a considerable portion of its alcohol. Yet a much greater quantity than what has been named can be used with perfect safety, and the patient may be kept for a much longer time under its influence without danger, by occasionally removing the sponge, and re-applying it when he gives signs of returning sensibility.

By administering it gradually, many unpleasant effects are avoided. The great irritation of the larynx and air passages, accompanied by urgent and convulsive cough, is in most cases entirely prevented. The vapor of the ether should be so mixed with atmospheric air, that respiration should be neither laborious nor painful. The irritability of the parts with which the ether comes in contact is by degrees overcome, and then the sponge may be applied directly to the face, and if necessary compressed in some measure so as to exclude to a greater degree the atmospheric air. When the desired effect is produced, which is usually in from three to five minutes, the patient has no control over the voluntary muscles; he cannot speak; he cannot open his eyes, when directed to do so; his muscles become completely relaxed, and the pulse, which at the beginning of the inhalation is frequent and often rises during the process to 140 beats in a minute or more, becomes slower, and I have very often known it to fall to 60. The patient is then insensible and unconscious, and the surgeon may begin his operation with great confidence that he will inflict no suffering. The sponge should then be removed, and re-applied from time to time as circumstances may require. If the ether is not pure, longer time is necessary to produce the desired effect; the brain and nervous system are more excited, and the patient is occasionally violent for a time and with difficulty controlled.

Before using the ether the sponge should be dipped in warm

water, and then strongly compressed, leaving it slightly damp. The evaporation seems to go on better in this way than when a sponge is used that has not been previously moistened. In the first instance, the ether should be poured on the inside of the sponge; about two ounces is enough; when more is required, it should be applied to the outside, as it is best not to remove the sponge from the face.

Sulphuric ether of a proper quality used in this way, I am confident, is perfectly safe, and will in almost every instance produce the desired effect. I have administered it to persons of all ages, of every variety of constitution, and in almost every state of the system, and I have never known in a single instance a fatal or alarming result. I have given it to infants of seven weeks old, and to individuals of seventy-five years, with entire success. I have administered it to persons suffering under chronic pulmonary disease, not only without injury, but in some cases with decided benefit. It is well known that it often gives relief in catarrhal affections of the lungs and in paroxysms of asthma. In fact, I hardly know a state of the system in which I should be deterred from using it, if I were called upon to perform a surgical operation.

The advantages, then, of sulphuric ether as an anæsthetic agent, are its entire safety, the ease with which it is administered, and the slight inconvenience which follows its administration. I have already stated that I have never known its inhalation followed by a fatal or alarming effect, and there is reason to doubt whether death has in a single instance been produced by it, when it has been properly administered. One patient is said to have lost his life by its inhalation at the Hospital in Auxerre, in France. This took place in August, 1847. The details of the case are not given with such minuteness as to enable any one to form a satisfactory opinion. It occurred, however, not long after the discovery; before the best mode of exhibiting it was adopted, and the *post-mortem* appearances indicated, as far as an opinion could be formed from them, that death was caused by asphyxia. In a careful examination of some of the leading medical journals of Europe and this country, published during the last three years, I have not been able to find another case in which life was destroyed by the inhalation of sulphuric ether, and there is reason to believe, as I have already intimated, that death would not have taken place in this instance, if the lungs had been abundantly supplied with atmospheric air. It is only wonderful that an agent of such power, used as it often has been in the most reckless manner, by unskilful and ignorant persons, should not have caused far more disastrous results, than any that have heretofore been made known. It teaches us that though it should be used with caution and confided only to skilful hands, the dangers from its use are far less than our preconceived-opinions had led us to believe.

The great ease with which it can be administered is not to be overlooked in estimating its advantages. No complicated apparatus is required, and no co-operation of the patient is necessary. A simple sponge, moistened with sulphuric ether and held before the face for two or three minutes, will in almost every instance produce the desired effect.

There are no ill consequences from its use. If it be breathed only for a short time, its effects usually pass off in a few minutes. I have never known them to continue for more than an hour; and in this case the patient had been kept under its influence for forty-five minutes. Nausea and vomiting are not frequent, unless it is inhaled soon after food has been taken. I have not seen convulsions follow its exhibition, nor any delirium, except a slight and transitory kind, such as arises from intoxicating liquors. I confess that I was much surprised to learn, by carefully watching its effects, to what a small extent and for how short a time it disturbed the functions of the nervous system, and how rare it was to find headache among the consequences of its inhalation.

If, however, the state of narcotism should continue longer than is necessary for the purposes for which it was produced, the means that seem to me the most likely to remove it, are the dashing of cold water in the face; the application of strong stimulants, as the carbonate of ammonia, to the nose; and, as soon as the patient can swallow, the administration of a small quantity of hot spirit and water. The object is to increase the action of the heart, so that the blood may circulate more rapidly through the lungs, and thus be enabled to part with the vapor of the ether that is mixed with it. When narcotism arises from any noxious substance taken into the stomach, we adopt means to empty that organ as soon as possible by the stomach pump or an emetic. The principle of the treatment in the two cases are the same; the object being in both to remove the cause of the peculiar state of the system under which the patient is laboring.

The only objections of which I am aware to sulphuric ether as an anæsthetic agent, are its pungent odor, which is offensive to some persons, and the no inconsiderable degree of irritation which its inhalation occasionally produces in the air passages. This irritation, I am confident may be in great measure prevented by proper attention to the mode of its exhibition and the quality of the article used. Admitting these objections to be as great as they have been said to be by those who have urged them with the most earnestness, they do not in my opinion counterbalance the advantages; and I have no hesitation in saying that I should give it the preference over any other article with which I am acquainted, that is used for the purpose of producing insensibility.

2d. *Of Chloroform.*

Chloroform is the perchloride of formyle, the radical of formic

acid. It has been ascertained by Dumas to consist of three parts of chlorine to one of the bi-carburet of hydrogen [formyle]. It was discovered almost simultaneously nearly twenty years since in France, Germany, and this country.

It was first employed as an anæsthetic agent by Professor Simpson, of Edinburgh, and he thought that it possessed "various important advantages" over sulphuric ether. He says that "it is far more portable; more manageable and powerful; more agreeable to inhale; is less exciting than ether; and gives us far greater control and command over the superinduction of the anæsthetic state." If all this were true, it would no doubt be preferable to any other agent with which we are acquainted. But subsequent experience proved that it is not so.

Its only advantages are that it is more agreeable to inhale than ether, and that a less quantity of it answers the purpose. On the other hand, it cannot be denied that fatal effects have followed its inhalation in several instances even when administered by the most judicious hands; that in some cases convulsions have been produced, and in others a great disturbance of the brain causing delirium. In some persons this affection of the mind has continued for several weeks.

There are other objections of a minor character. Chloroform is of an acrid, caustic nature, and if it come in contact with the skin, unless it be protected by some oily substance, severe excoriation is the consequence. Its administration is generally followed by vomiting and headache, which continues for several hours, attended by a great degree of restlessness and want of sleep. Several cases have come under my care, in which the brain and nervous system have been affected to an alarming extent; though in every instance, it was said that a small quantity only of chloroform was administered for the purpose of performing some operation on the teeth.

An individual in this vicinity was thrown into violent convulsions, which continued for three or four days, during all which time she was in a state of complete insensibility, from the inhalation of the vapor of a few drops of chloroform administered by a careful and judicious physician. It would be easy to multiply examples of this kind; but it is not necessary, for there is a stronger ground on which we can rest our opposition to the use of chloroform, that is, its danger to life. This, it is well known, has already been in several instances destroyed by it. If it can be shown that it has caused the death of a single individual, when properly administered, we cannot fail to have our misgivings of the safety of its exhibition, though it may have been inhaled in almost numberless cases without any ill effect.

I am satisfied that there are already on record at least twenty well-authenticated cases of death from the inhalation of chloro-

form; and I know not how a conscientious man, knowing this fact, can willingly take the responsibility and expose his patient to this fearful result. One of the conclusions to which M. Maligne arrives, in his report on chloroform, to the Academy of Medicine in Paris, cannot be too strongly impressed on the minds of those who feel inclined to use it. "Chloroform possesses a toxic action peculiar to itself, which has been taken advantage of in medicine by arresting it at the period of insensibility, which action, however, may, by being too much prolonged, cause immediate death." The danger is that we cannot always know the precise time to arrest it, and that the fatal blow may be struck before we make the attempt. In other words, chloroform is a poison, and the insensibility which it produces is only the first stage of its poisonous action.

3d. *Of Chloric Ether.*

There are two kinds of chloric ether. The one, the strong or concentrated; and the other, the chloric ether of commerce. They are both tinctures of chloroform, differing from each other only in the relative proportion of the alcohol and chloroform of which they are composed. The concentrated consists of one part of chloroform to nine parts of alcohol; and in the chloric ether of commerce, there is one part of chloroform to fifteen of alcohol. The former is the one which is sometimes used for inhalation.

It is said to have been first recommended for this purpose by one of the most eminent surgeons of Great Britain, William Lawrence, Esq., of London; but I cannot learn that it is now employed in Europe to any extent in this way. In fact, it is hardly spoken of at all in the foreign medical journals that I have seen, and I have examined a large number with this view. It has been tried, however, pretty extensively by Dr. J. C. Warren and Dr. J. Mason Warren, both at the Hospital and in private practice, and I am not aware that any ill effects have followed its use. On the contrary, I believe that they are well satisfied with it, and prefer it to the other anæsthetic agents.

At the same time it cannot be denied that it derives its power of producing insensibility from the chloroform it contains; and it is difficult to understand how the addition of alcohol can deprive it of its dangerous properties, when it is well known that the mixture of this substance with sulphuric ether renders it in a great measure unfit for inhalation.

The advantages which it is said to possess are, that its odor is less pungent and disagreeable than that of sulphuric ether, and that it can be inhaled with little or no inconvenience. At the same time it must be admitted that it is necessary to use as much chloric as sulphuric ether, and to continue the inhalation for as long a time to produce the desired effect.

The disadvantages are, that when it comes in contact with the

unprotected skin it acts upon it in the same manner as chloroform. From this cause a patient suffered several months at the Hospital, and I believe much more severely than if he had undergone the operation without the ether. I am confident, too, that it is more apt to produce vomiting, and a greater disturbance of the brain and nervous system, causing headache, restlessness and vigilance, which not unfrequently continue for many hours after its exhibition. Perhaps these last symptoms may be owing to the great amount of alcohol it contains.

I cannot, I confess, divest myself of the belief that chloric ether is an unsafe anæsthetic agent, when I consider that it is simply chloroform diluted with alcohol. It is true, that as far as we know, no fatal effects have hitherto followed its inhalation; but it is also true, that it has as yet been used to a very limited extent, and in all the cases in which it has been exhibited that have come to my knowledge, it has been managed with great caution and judgment. But I fear that if it be used with the same freedom that sulphuric ether is, we shall soon have to record some very different results. We cannot feel confident that it will always be confided to skilful hands only, nor by any means certain that death, when not looked for, may not follow its exhibition.—*Bos. M. S. Jour.*

Boston, April 10, 1850.

OLD SCHOOL NATIONAL MEDICAL ASSOCIATION.

THIS large and intelligent body of physicians has held a number of interesting meetings in College Hall. Their proceedings afford both interest and amusement to an impartial spectator. The opening address by Dr. Warren, of Boston, the President of the association, was very feebly delivered, and heard by only a small portion of the audience. Though entirely destitute of eloquence, it was characterized by a great deal of common sense, being a matter of fact affair without any gas or gasconade. The Doctor seemed to be a very honest, plain-spoken man. He told the association that a great *reform* had taken place in medical science during the half century just elapsed. Physicians did not now give their patients calomel *upon all occasions* indiscriminately. There was a time when physicians, he said, dared not to go into consultation on a case of typhoid fever and *acknowledge* that they had not given calomel; now they often treated the disease without calomel, and even sometimes with little or no medicine of any kind. Formerly cold water was scarcely ever used, either externally or internally—now water was very extensively used with the greatest benefits.

This was all very well; but we thought it quite a pity the Doctor omitted to give the reasons for these remarkable changes. Why could he not have said that the schools had been roused from their learned pedantry by unlearned men,—that cold water had been

forced upon their reluctant attention by a German peasant, Priessnitz—and that the excessive use of calomel as a panacea, had been discouraged by an enlightened public opinion, and by the efforts of medical parties who had shown that disease could be treated better without such insidious poisons than with them?—that's what the Doctor ought to have said; but we believe he said enough any how, to disturb the equanimity of his brethren slightly.

Some rich scenes have occurred already, producing much merriment. While the subject of medical education was under discussion, a gentleman attached to the Louisville school made some sweeping denunciations of medical schools in the West and South, as deficient in respect to giving practical or clinical instruction. This brought out Dr. McPheeters in behalf of the St. Louis School, and Dr. Rives in behalf of Cincinnati, who made indignant denials, claiming for their respective schools ample clinical resources.

There is some disposition in the association to give a blow to the old humbug of the great superiority of the European medical education to that of America, and the superiority of the East to the West in our own country. That's right—it's manly, and we believe it's just. There are no better physicians in the world than many of those who practice in the West—none who have ever produced better results in the cure of disease.

Dr. Wright, an ex-professor of the Ohio Medical College, in discussing the subject of the elevation of the standard of medical education, digressed from the subject to make a very bitter attack upon the Trustees of the College, who, he declared, treated the professors *worse than negroes*. This was presented as an excuse for the dilapidated condition of the school, which he declared to be dead and *putrid*, &c. He was then called to order by the chair, and took his seat.

Dr. Rives, the successor of Dr. Wright in his chair in the Medical College of Ohio, rose to defend the College from the charge of being *dead and putrid*. If the College, said he, was dead and putrid, were not the professors (who preceded him) responsible for its condition? As to its condition and its former faculty, he was about to say something very pungent, when he was called to order and took his seat, thus spoiling the anticipated fun.

There has been considerable sparring in the Association already, and more may be expected. Scores of resolutions, reports and fiery speeches are waiting an opportunity for utterance.

Among the distinguished visitors in attendance we noticed Dr. Caldwell, the venerable patriarch of the medical profession in America. Although between eighty and ninety years of age, he still retains the mental vigor which he displayed when we knew him more than thirty years ago in Philadelphia. He still moves among other men as a giant among Lilliputians, and the long white beard (which he wears for the protection of the respiratory organs)

adds to his venerable appearance. There was a general disappointment expressed that Dr. Caldwell was not made the President of the association, as was anticipated by a large portion of the profession. By the election of Dr. Mussey, as President, the association have shown that they are wedded to the past rather than the future; and although there seemed to be considerable dissatisfaction with the nomination, the conservative influence prevailed. Dr. Mussey, however, not having the proper physical attributes for a presiding officer, discreetly withdrew and left the chair to be occupied by the Vice Presidents. As yet there is scarcely enough of the spirit of progress in the association to make a vigorous effort; but it is evidently increasing, and we learn that more liberal measures are about to be brought forward by the members.

Dr. Caldwell, Dr. Warren, Dr. Davis, Dr. Mitchell, and many others who have something of the spirit of reform, might easily give a liberal tone to the association if they would unite their efforts for the welfare of mankind and go forward with a respectable show of moral courage.—*Cin. Daily Times*.

ACTION FOR SURGICAL ATTENDANCE AND THE SUPPLY OF MEDICINES.

EXCHEQUER CHAMBER, December 4. Before the Lord Chief Baron and a common jury. *Vickers vs. Shipton*.

Mr. Knowles and Mr. Pulling conducted the case for the plaintiff, and Sir F. Thesiger (with Mr. Hayes) appeared for the defendant.

This was an action by which the plaintiff sought to recover from the defendant the sum £38 17s., and a further sum of £3. 3s., for surgical attendance and medicines supplied.

The defendant paid the sum of £25 in court, and pleaded that beyond that amount he was not indebted.

It appeared that the plaintiff is a surgeon of some eminence, in large practice, at the west end of the town, and that the defendant is a retired attorney of an advanced age and feeble constitution. On the 23d of November, in the year 1847, the defendant was a passenger in one of the trains of the Great Western Railway at Maidenhead, for London, when, as they were arriving at the Slough station, their train was met by a luggage train, and an iron bar which ought, but for the negligence of the servants of the company, to have been securely bound round one of the luggage vans, came in contact with the lamp of the carriage wherein the defendant was seated. Observing this concussion, and the danger which threatened him, the defendant was in the act of rising to avoid the blow, when he was struck with much violence upon the cheek, by which not only were two of his teeth knocked out, but his jaw was fractured. Upon their arrival at Slough, the defendant was taken out of the carriage, and the company's servants instantly sent off to obtain the medical attendance of a Mr. Mor-

blad, a surgeon in the village. On making an examination of the fracture that gentleman advised that the defendant should submit to have the fractured portions of the bone removed. To that proposal, however, the defendant demurred, remarking, as well as he could speak, that he should prefer consulting his own medical friend before such a course were adopted. That medical friend proved to be the present plaintiff. Eventually the proposition of Mr. Morblad was not acted upon, and the defendant was removed to London, laboring under severe and painful suffering. Upon their arrival at the Paddington terminus, Mr. Morblad accompanied the patient to the house of the plaintiff, at 32 Baker street. From that gentleman's presence the defendant was conveyed to Forde's hotel, in Manchester square, where he was attended and most skilfully and carefully watched and treated by the plaintiff. Indeed, it would appear that he had done everything that skill, energy and kindness could suggest for the alleviation of the defendant's sufferings. When the defendant had got somewhat better, he was removed to lodgings he had formerly occupied in Harley street, and there he continued, as heretofore, to receive the attendance of the plaintiff. He was also visited by the late Mr. Liston, the eminent surgeon, who said he regarded the result of the plaintiff's care and skill as a triumph of surgical art, and as a monument of skill which he or any other medical man might justly be proud of. In consequence of the great care and skill which the plaintiff had exhibited in the treatment of the case, the defendant's jaw was set, and finally preserved, and in the end he had effected a most perfect cure, and the defendant had ever since enjoyed excellent health. In the course of time the defendant commenced an action against the Great Western Railway Company for compensation for the injury he had sustained. The Company had made an offer of £300, and to pay all the costs incurred, by way of compromising the action. It chanced, however, that this proposition was declined. Upon the day on which the trial was to have come on, the Company having in the meantime made some further inquiries as to the nature of the accident and the sufferings the defendant had undergone, as well as the extent of the medical attendance, they increased their offer to £400, and the payment of all costs. This second proffer was accepted. By-and-by, however, the present defendant cavilled at the amount which his medical attendant, to whom he had been indebted for the preservation of his jaw, had charged, and therefore the present action had been brought for its recovery; and in reply, the defendant had urged that £15 would be ample remuneration, and eventually he had paid £25 in court, and pleaded that to no larger sum was the plaintiff entitled.

In support of the case for the plaintiff, it was proved that the case had been one of extreme danger, the more so as erysipelas, and even delirium tremens, was very liable to supervene; and that

although it had been recommended by Mr. Morblad that the fractured portions should be removed, the skill and constant attention of the plaintiff had rendered such a violent course to be submitted to by the patient unnecessary. It was also proved that the attendance of the plaintiff had been constant, frequent, and on many occasions of protracted duration; that those attendances had in point of number amounted to 37; and then it was stated by several medical practitioners that the charges which had been made by the plaintiff were fair and reasonable, and that the custom with a general practitioner was to charge half a guinea for an attendance, and in some cases also to charge for the supply of medicine at a price somewhat lower or about the same as that charged by the druggists, instead of the ordinary charge of an apothecary. It did not appear, however, by the testimony of these witnesses, and there was any general rule or custom in the profession as to the mode of charging.

Sir F. Thesiger, on behalf of the defendant, said, it was not his intention to disparage the skill or abilities of the plaintiff in the case. No doubt the services of that gentleman had been of great value to the defendant; yet, even though they had been so, he was prepared to contend that the charges of these services were extravagant, and that the sum which the defendant had paid into court, namely £25, was an ample payment.

A number of medical gentlemen were called to show that the charges were exorbitant, and very different from those which they should have made in a similar case. The majority of these witnesses appeared to think the custom of general practitioners, in respect of their charges, was, that where they charged half a guinea for the visit they did not make any charge for medicine, but that in cases where the medicine was charged, then there was either no item for attendance, or at all events a very much smaller one—5s., or 3s. 6d. even. Where a consultation was held, the general practitioner would charge one guinea, and if the attendances were of long duration, probably more than half a guinea would be charged; but they stated that if the particular case were of a nature to demand a second visit in the course of one day, they would not, as the plaintiff seems to have done, charge for that second visit. The plaintiff's account exhibited 43 visits, and a supply of 40 draughts, 19 bottles of lotion, some box or boxes of ointment, and some lint.

The Lord Chief Baron said that he had been making a calculation of these items: it was this—if 5s. were charged for each visit that item would amount to £10. 15s.; if 1s. were charged for each draught, that would be £2 more; if the 19 bottles of lotion were put at 3s. 6d. per bottle, that would be £3. 6s. 6d.; and then 3s. 6d. for the ointment and lint; so that, taking all these items together at that calculation—for, with respect to the visits,

the witnesses for the defendant said that 5s. was the usual charge where the medicine was made a chargeable item of—at that calculation, therefore, all the items would amount to £16. 5s. Now the defendant had paid £25 into court. He did not say that the latter sum was too much or too little; that was a question altogether for the jury to determine.

Mr. McCann, of Parliament street, stated that his charge would be half a guinea a visit in such a case, without charge for medicine; or if the medicine were charged for, he should not charge the visit, if in town.

Cross-examined.—He thought a guinea for a visit was fair and reasonable, if it could be got. (Laughter.)

The Lord Chief Baron.—Or two guineas, perhaps?

Mr. McCann.—No doubt, for they all took as large a fee as they could get. (Renewed laughter.)

Sir F. Thesiger asked one of the witnesses whether he would not make a charge of a larger fee to a duke or a marquis than to a person in a lower condition of life.

The Lord Chief Baron could not think this was a fair question to put in the present case. Rank had nothing to do with it.

Sir F. Thesiger submitted that it was important that he should show that fact. For instance, he himself should not expect to be charged so high a fee as his Lordship. He should expect that his Lordship would be charged more than himself. (Laughter.)

The Lord Chief Baron.—I should hope not Sir Frederick; for I dare say that your income is considerably larger than mine. (Renewed laughter.)

M. Knowles replied, and

The Lord Chief Baron told the jury that he had been endeavoring to discover whether there was any general rule or general custom of charging amongst the medical profession, but he had watched and searched without the least approach to success. The question, therefore remained for them to say whether the £25 which had been paid into court was a sufficient and fair sum as a remuneration for the very valuable services which the plaintiff had rendered to the defendant. He could not avoid saying that it was to be lamented that the defendant, who had retired from the legal profession, should have forced the plaintiff, as well as himself, into all the terrors and expenses of a law-suit in such a matter, especially as he was now enjoying all the benefits arising from the plaintiff's skill. It would have been far better had he called in some mutual friend to arrange the affair.

The jury retired at half past 2 o'clock, and returned into court at 25 minutes to 5 o'clock, with a verdict for the plaintiff—damages £40, including the £25 paid into court.—*London Med. Gaz.*

NIGHT VISITS.—Within what hours ought physicians and surgeons to consider their visits as “Night Visits,” and charge for them accordingly? This question has recently been submitted to, and solved by, a legal tribunal in Belgium. After hearing various witnesses, it was decided, that *all visits made between 9 A. M. and 6 A. M. ought to be regarded as night visits.* This decision seems to be just and reasonable, both to patients and medical men. *Jour. of Med.*, June, 1849.

Chloric Ether in Surgery.—On Saturday, March 2d, several adroitly performed operations took place at the Massachusetts General Hospital, (under Dr. Warren, Sen.) Each patient, successfully brought into the amphitheatre, was subjected to the anæsthetic influence of *chloric ether*, which is preferred by several of the surgeons of the institution, it appears, to chloroform or pure ether. The fearless mode of using it, shows why so much fault is found with these agents in private practice. The mouth, cheek and nose being freely oiled, a large dish sponge is fully saturated with the fluid. Three or four ounces, perhaps, are poured on, and then it is applied over the face. Being soft and yielding, the sponge fits admirably, and should the patient incline to withdraw, or twist himself in the chair, no injury can ensue. If the evaporation is too rapid before sleep is produced, another dash from the bottle usually completes the preparatory process. All the mechanical contrivances heretofore devised for the administration of these sense-destroying medicines, have wholly disappeared before a simple sponge. Enough of the atmospheric air finds its way through the walls of a soft pliable one, to obviate any danger from the want of it. If the lips and nostrils were not protected by oil, they would be severely excoriated by the chloric ether. This is a precaution, consequently, never to be lost sight of, under any circumstances. To us, the odor of this article is delightful, compared with that of ether; and if it takes a little more time to put the patient in circumstances for an operation, the agreeableness of the article is more than a compensation for the delay.—*Bos. Med. and Surg. Jour.*

COLLODION IN BURNS.—M. Vallette, surgeon to the Hotel Dieu in Lyons, uses collodion extensively in the treatment of burns. The first effect produced by its application is refrigeration; it also contracts the infiltrated tissues, and effectually excludes the air. It has been observed, moreover, that the resulting cicatrization is more regular than under other forms of dressing.—*Prov. Med. and Surg. Jour.*, Dec. 26.

CONTRACTILITY OF THE SPLEEN.—Some interesting experiments on this subject have been recently performed by the Biological Society, at the request of M. Rayer.

From the researches of M. Kolliker, and, before him, of many other physiologists, we know that muscular tissue is composed of a series of elongated cellules, with an elongated nucleus running parallel to that of the cellule. The same author has also described this arrangement in many organs, or parts of organs, where muscular tissue had not been thought to exist. He has found them, for example, in the nipple and its areola—in the arteries, veins, lymphatics, in the Fallopian tubes, in the spleen, &c. Now, if these cellules were really of a muscular nature, it is evident that they must be contractile. M. Wagner has submitted this to the test of experiment, and found that the spleen contracted evidently under the influence of galvanism. Indeed, M. Desfermon had previously directed attention to the singular contortions of this organ produced by strychnine. The experiments performed at the suggestion of M. Rayer, and relative to this interesting question, were made on dogs. One of these animals was poisoned with strychnine, the spleen having been first exposed. The organ was carefully measured, and, when the convulsions appeared, it was measured again. The volume of the organ was very slightly diminished—not more so than might be accounted for by difference of circulation; but the surface of the organ had evidently undergone a remarkable change. It was crisped, and the edges had assumed another form. This experiment was not very conclusive. The spleen of another dog was, therefore, exposed and measured, after which a strong electrical current was directed on it. After a few minutes, the long diameter had diminished by two or three centimetres. The experiment was repeated several times with the same results. On passing the current *across* the organ, its transverse diameter became diminished. The pedicle of the spleen was now cut across, and it was suspended by its larger end from one of the conductors of the machine. On applying the other wire, which was done more than twenty times, the spleen was seen to ascend, and to become twisted in the most evident manner.—*Med. Times*, Dec. 29, 1849.

Institution for Imbeciles and Idiots.—Dr. H. B. WILBUR has established at Barre, Mass., an institution for the management and education of imbeciles and idiots. The system of instruction pursued, is stated to be of a most comprehensive character, and applicable to every variety of subjects.

“It embraces a proper physical education: the education of the senses; the development of functions and aptitudes; the ordinary

mental exercises of childhood; and finally the moral treatment or management, including everything calculated to break up the dominion of perverted instincts and animal appetites, and to substitute an intelligent self-control."

We wish Dr. W. every success in his most laudable enterprise.

PROFESSIONAL INSULTS.

ROYAL COURT, GUERNSEY.

SATURDAY, MARCH 9, 1820.

Ozanne v. De Lisle.

AN action was brought by Mr. OZANNE against Mr. DE LISLE, surgeon, of Guernsey, for defamation of character, in consequence of the latter having, in the presence of his patient, called Mr. Ozanne, who is a homœopathist, "an imposter, a quack, and no professional man."

THE QUEEN'S COMPTROLLER, for the plaintiff, opened the case, and presented an Act of Court, dated March 5, 1840, whereby Mr. Ozanne was authorized to exercise his profession in the island, and produced his diploma from the University of Paris, to prove that he was an accredited practitioner.

THE QUEEN'S PROCURER (delegate) objected to the document being received, as there was no evidence of its authenticity before the Court.

THE COURT admitted the validity of the objection, on the ground that the diploma was not certified by the required authority.

MR. STEPHEN BARBET, jun., deposed that he had printed cards and circulars for Mr. Ozanne relative to the Guernsey Homœopathic Institution.

DRS. MAGRATA, HOSKINS, COLLENETTE, CORBIN, SMITH, (sixteenth depot,) TRANTER, and MANSELL, were severally examined as to their opinion of homœopathy, and gave it as their firm conviction that the system is nothing but quackery, imposition, and a delusion practiced upon those who submit to it. Regular practitioners, they declared, could not meet the homœopathists in consultation. Allopathy is the very reverse of homœopathy, and therefore it was impossible that they should agree in their modes of treatment. Besides, homœopathy was not considered a legitimate practice, either in England or Ireland; and regular practitioners could not meet homœopathists, seeing they abjured legitimate practice, without damaging their reputation, and for that reason they objected to meet them anywhere in consultation.

THE BAILIFF, in summing up, said, that by the Act of Court, Mr. Ozanne was authorized to practise his profession in the island.

The words in the indictment imputed to Mr. De Lisle had been proved by the evidence of witnesses. But it had not been proved that Mr. Ozanne was a quack. Many witnesses had been heard and a heap of books had been produced which did not bear upon the case, although both were unanimous in sentiment that homœopathy is an imposture. But that was not the question for the Court to settle, inasmuch as that would be to decide without the required evidence. If Mr. De Lisle had satisfied himself with attacking homœopathy as a system of imposture, without descending to personalities, he could not have been cited before the Court; but when one individual told another who is practising that system, "you are an impostor," it was necessary that they should prove that he is such. But no such proof had been tendered. Looking at the position of the parties, it was necessary to inquire whether any provocation had been given? The words were uttered in answer to a question from Mr. Ozanne. He did not think there was provocation to justify the words used, inasmuch as they followed in the course of conversation. An opinion prevails among the faculty that homœopathy is a quackery; but when a person takes upon himself to prefer a charge against those who adopt that system, he takes upon himself the responsibility of proving his own words.

The JURATS were unanimous in declaring that the Act of Court sufficiently established the quality of physician taken by Mr. Ozanne in his action. They also considered that Mr. De Lisle's words were not justified, but were used without premeditation; that Mr. Ozanne's conduct had been moderate and forbearing, and concluded by sentencing Mr. De Lisle to pay £5 damages to the plaintiff, an *ecu* (2s. 6d.) to the Queen, and costs.—*Lon. Lan.*

PRESSURE IN SPERMATORRHEA.

THE influence of pressure in producing absorption of thickening or diseased parts, as in Aneurisms, the fibers of muscles destroyed by the passage of a ball, wounds in machinery, &c., &c., has arrested the attention of a great number of philosophic minds in the profession. We have been forcibly struck with its powerful curative influence in spermatorrhœa consequent on self-abuse; almost every case will yield to the power of this great natural remedy, if judiciously applied. It is only necessary in most cases, during the hours of sleep.

When combined with Lallemand's practice of cauterizing the seminal ducts, (a measure that should be used with great caution,) and a judicious course of out-door exercise and douche baths, there is no doubt that almost every case may be restored.

The pressure, we would state for the information of our professional friends, may be directed by the application of an ovoid metallic or wooden pad, directly upon the seminal ducts. We are in the habit of applying it by means of a very simple device, consisting of such a pad attached to a silver jugum, encircling and removing all pressure from the private parts, and this is in turn attached to a gum-elastic strap, both before and behind, passing over each shoulder, and buckling in front. This instrument is equally adapted to the cure of piles; no case can resist the influence for more than three months. Of course, for them, the pad must be of a different shape, entering the bowel.

Every surgeon should be able, with the hints above given, and the aid of a turner and silversmith, to make the instruments himself. But caustic is only applicable to the *atonic* or *passive stage* of the disease, where the discharge is constant, though only in extremely small quantity. But even then Tannin is a much safer and equally efficacious application.

We feel bound in this place to caution the profession against the use of caustic by the instrument of *Lallemand*; however deeply we may be indebted to that distinguished surgeon, his instrument is radically defective; from its construction, it is equally as dangerous in surgical hands, as in those of the physician or patient. To meet this emergency, we devised the instrument described in an essay published in 1847 in 1002 of the *Boston Medical and Surgical Journal*. This is applicable to the cauterization of the mouth of the ducts with mathematical precision and perfect safety; it is now in general use both here and abroad. It gives us great pleasure to be able to add another instrument for the application of tannin and other milder agents, which may be intrusted to the hands of the physician, and in cases of decided intelligence, to the patient himself. It consists of a small bougie with a ball on its end, just large enough to project over the truncated edge of a common silver catheter, very slightly curved; this is coated with tannin, for about two inches, and then thrust into the curved end of the catheter, butt forward: it is then passed as far as the membranous part of the urethra, where it will always stop from the slight curve of the instrument, and the resistance it experiences. The bougie is now pushed forward, and the tannin left upon the irritable or hyperæmic membrane. Should this simple and safe instrument be made the means of applying caustic, it should only be done by the surgeon, and in very small quantity; we have seen the most disastrous results from its imprudent use.—*N. Y. Scalpel*.

THE SKELETON NEGRO.—One of the greatest curiosities ever exhibited in human shape, may now be seen at the Hall of the Apprentices' Library, in Meeting street. It is a living skeleton,

in the person of a negro or mestizo, aged about thirty-eight years, and bearing the name of Wade Hampton. To designate him as a living skeleton is no figure of speech, but the literal truth—for he is nothing but skin and bone, from his neck down to his extremities. His arms, hands, legs, and feet are entirely useless to him; and he occupies a sitting or recumbent posture, being wholly incapable of standing erect. Nothing but “ocular demonstration” will suffice to give an adequate conception of the extreme and reed-like slenderness of his limbs. Of course he is utterly helpless, and is entirely dependent on others to be fed, dressed, and otherwise attended. His head, including his face, is the only member of his body, which, in aught but motion, connects him with living humanity.

He possesses a pleasant and agreeable visage; his face being fleshy, if not exactly full, and in striking contrast with the rest of his outward and attenuated man. Although thus deprived of the just portions of humanity, and shrivelled into a perfect *anatomy*, he is intelligent, chatty and cheerful, has an excellent appetite, and actually enjoys existence. He says he is one of the sons of temperance; is a member of the Baptist church, and looks to a compensation in Heaven for his stinted allotment of blessings on earth. Of the value of money he is quite sensible, and received, with his mouth, a proffered coin. In his present skeleton state, he has been ever since he was eight years of age; and he ascribes it to his having taken an overdose of Hippo, or some other medicine, and then drenching himself with cold water. He was born in Columbia county, Georgia, about twenty miles from Augusta, and was, at the time of his birth, and still is, the property of a Mr. Humphrey Evans, who refuses to part with him on any terms, and he is now being exhibited for the first time.—*Char. Courier.*

TREATMENT OF HOOPING COUGH.—Dr. Paresi has published experiments of his, made during an epidemic of hooping cough, which reigned in the Lommeline. He had in view to ascertain the relative value of the various treatments which had been proposed for that disease. Out of 121 patients, 111 were from three to ten years old, nine from ten to thirty, and two were fifty years old. Forty-eight of these were treated by the ordinary method; twenty-seven took cochineal; nineteen, laurel water; six, vegetable acids; and twenty-two were treated by a mixed method. All those who were treated with cochineal, or the vegetable acids, recovered without exception. The result was almost the same with those who took laurel water; and out of the remaining sixty, who were treated either by the ordinary or mixed method, eighteen died.—*L'Union Medcale.*

TREATMENT OF HYDROCEPHALUS.—Every one is acquainted with the difficulty of finding any effectual treatment for this disease, especially for that most dangerous form known as “tubercular meningitis.” M. Hahn, physician to the hospital at Aix, recommends strongly the following method, in cases where the disease has already made some progress before the medical attendant has been called in. Dr. Hahn’s method consists in employing tartar emetic ointment in friction on the scalp, which is previously shaved. The ointment is rubbed in for ten minutes at a time, and a piece of linen besmeared with it is then placed on the head. The frictions are renewed every two hours, until the pustules begin to appear. The effects are, of course, very severe. The whole scalp becomes inflamed, and numerous small ulcers are formed, which heal with difficulty, and generally destroy the points of the scalp in which they were situated. The author affirms that he has employed this severe, but absolutely necessary mode of treatment, with success, for the last twenty years, having thereby saved more than a dozen children, whose lives would have been inevitably sacrificed but for it.—*Med. Times, Dec. 22, 1849.*

SANITARY MEASURES IN DISSECTING-ROOMS.—M. SUCQUET recently addressed to the Academy of Sciences of Paris a letter, with further details, concerning his plan of rendering dissecting-rooms innocuous, by injections of sulphite of soda. The author considers that his method is now brought to the greatest possible perfection, as he is enabled to prevent the action of the sulphite of soda upon the knives used in dissection. This is effected by placing, for forty-eight hours, the solution of the sulphite, previously rendered neutral, into tubes containing zinc filings. A certain proportion of sulphite of zinc is thereby formed, and the solution of sulphite of soda loses the property of acting upon the dissecting instruments.—*Phil. Med. News.*

PURE ALMOND OIL A PURE SUBSTITUTE FOR COD-LIVER OIL.—Messrs. DUNCAN and NURN, of Colchester, state that their experience in 250 cases is highly favorable to the therapeutical virtues of the oleum amygdalæ as a substitute for cod-liver oil. They prescribe it in 3j doses half an hour after every meal, gradually increasing the dose.—*Lond. Med. Gaz., Feb. 1850.*

THE Gloucester News states that the death of Josiah M. Tuck, of that town, who died recently, was caused by virus absorbed into the system while skinning a fox. The fox had a large ulcer on his body, and two dogs which run him down were similarly affected a few days afterwards.—*Exchange Paper.*

Part 3.—Editorial.

OLD SCHOOL NATIONAL MEDICAL ASSOCIATION.

THIS concentration of the societies of the medical profession assembled in this city on Tuesday, the 7th of May, and adjourned on Friday afternoon the 10th inst. As a body they presented a very respectable aggregate of intelligence and force of character. Yet in respect to scientific liberality, we saw nothing to change our opinion that the association embodies a hopeless mass of stagnating Hunkerism—as hopeless as the present disorganized and lifeless condition of the Ohio Medical College.

Their committee of arrangements took no notice of the question whether they were or were not exclusively an Old School association, nor was the subject brought up in any of their discussions. No notice was taken of the great medical revolutions now in progress, the developments of true science by Eclectic and Homoeopathic physicians. The remarkable success and superiority of a liberal system of practice were not visible to their wilfully closed eyes.

The most venerable and distinguished gentleman present, (Prof. Caldwell,) was not placed in the presidential chair, probably on account of his too liberal sentiments, and when on his motion, the subjects of phrenology and mesmerism were proposed for the investigation of a committee, no committee was appointed, but he was requested to report his own views upon those subjects, as though they felt that the association could not furnish a committee competent or disposed to do those subjects justice.

An interesting paper upon the cerebellum was read by Prof. N. S. Davis, showing by measurements that the cerebellum of the bull was not larger than that of the ox, either in the middle or the lateral lobes, thus confirming the measurements of Lelut upon stallions and geldings.

An important idea was broached by Prof. Davis in reference to

medical education—that it should be free—in other words, that the expense to the student should be reduced as low as possible. This idea we have long entertained, and we hope some time to act upon it—but we perceive it is by no means acceptable to the members of the association, and we doubt not Prof. D. will find himself entirely deprived of their sympathies in his laudable designs.

The proceedings of the association exhibited a full share of spirit and acrimony, with a respectable display of medical learning, but we were struck with the fact that the whole affair exhibited but little real practical utility—but few suggestions of any great importance in the treatment of disease. In this respect, we thought the brief proceedings of the Eclectic Association presented a very favorable contrast.

The subject of elongating the lecture terms and raising higher the standard of medical education, was much discussed. Prof. Lawson (of the Ohio Medical College) proposed to compel the colleges to adopt five months terms, by refusing them a membership in the association if they could not comply. This was not adopted. Prof. Mitchell, of Philadelphia, pronounced such schemes beneath the dignity of the association. They had nothing to do with the time of study, but it *was* their business to improve medical education, by demanding high qualifications, and by imparting instruction in the collateral sciences, as Botany, Geology, Meteorology, &c. Prof. M. has sufficient intelligence to be a liberal, but all liberalism expires in the atmosphere of old school medicine. Our earliest neurological experiments upon the brain were repeated in 1841 by Prof. M. at Philadelphia, who was among the very first to verify the new science. But, alas! a new spirit must be introduced among the schools of medicine, before philosophy, philanthropy, or honest and candid liberality can flourish among them. The natural arrogance, bigotry and selfishness generated by the imperfect moral training and universal devotion to wealth, of the mass of mankind, are not corrected by medical schools; on the contrary, they systematize selfishness, deaden the conscience, and harden all the finer sensibilities to truth, while they darken all our bright conceptions of a future career of improvement.—B.

AMERICAN ECLECTIC MEDICAL ASSOCIATION.

AN interesting session of our National Association has just terminated. Its proceedings will be fully reported in our next number. The session commenced on Tuesday afternoon, the 21st, and terminated on Thursday, the 23rd, about noon. We regret to observe that the attendance on this occasion was remarkably small, considering the number of those who might have been expected to be present.

A by-law was adopted to which we would call special attention, making it the duty of every member of the association *to report himself, either in person or otherwise, to the President, at the annual meeting*. As it is highly important indeed, to procure the full reports of practice, contemplated by our association, it is hoped that every member who has heretofore attended our meetings will make his report by letter or attend in person. It is also made the duty of every member to pay an annual contribution of one dollar, to defray the expenses of the society in publishing its documents &c. The strict attention of the members to these two by-laws is required, and any one failing for two years to comply with these rules, is considered *no longer a member of the association*.

The next meeting of the association is to be held at PITTSBURGH on the second Tuesday of May, 1851. We hope our eastern friends will not fail to turn out largely to meet at this central location.

We would also invite the special attention of the gentlemen who have been appointed upon the committees, and hope that each member of the committees will feel the responsibility of his position, and give systematic attention to the preparation of a report upon his subject for the next annual meeting. By a special resolution each member of the committees was instructed to act in his individual capacity, and to make a full report himself, in case the committee did not soon hold a meeting and unite a joint report.

COMMITTEES OF THE NATIONAL ECLECTIC
MEDICAL ASSOCIATION.

ON THEORY AND PRACTICE.—T. V. MORTOW, I. G. JONES, T. COOKE, S. M. DAVIS, S. H. POTTER, H. HULCE, C. J. CHILDS, J. P. ANDREW, A. TEEGARDEN, CALEB CARR.

ON SURGERY.—S. H. Potter, R. S. Newton, W. F. Smith, J. H. Jordan, Z. Freeman.

OBSTETRICS.—J. Beeman, S. Rosa, B. L. Hill, Orrin Davis, Joseph Sites.

PHYSIOLOGY.—W. Byrd Powell, H. P. Gatchell, J. T. Walsh.

MATERIA MEDICA and MEDICAL BOTANY.—J. R. Paddock, L. E. Jones, G. Lincecum, J. King, J. Kost, W. W. Hadley, H. T. N. Benedict, J. F. Merrill, S. Humphrey.

PHARMACY.—I. Wilson, W. Owens, W. S. Merrell, J. R. Johnson, E. S. McClellan.

CHEMISTRY.—J. M. Sanders, J. B. Stallo, F. Stewart, A. K. Eaton, A. Essex.

STATISTICS.—R. S. Newton, Z. Freeman, W. W. Hadley, J. T. Walsh.

HYDROPATHY.—J. Garretson, A. Black, S. S. Ball, with power to add to their number.

HOMOEOPATHY.—J. G. Hunt, R. S. Newton, J. Garretson, T. J. Wright, L. K. Rosa, C. Lee.

UTILITY OF NEUROLOGY.—H. P. Gatchell, W. Owens, Jephth Davis, B. W. Richmond, L. Hubbell, J. Stewart, N. L. Vansandt, S. E. Pearre.

MEDICAL LITERATURE AND MEDICAL TEXT-BOOKS.—I. G. Jones, W. B. Powell, J. M. Sanders, T. Cooke, L. C. Dolley, S. Oldshue, B. L. Hill, — Leonard, (of North Fairfield, Ohio,) L. H. Baker.

COMPARATIVE MERITS OF DIFFERENT SYSTEMS OF MEDICINE. I. J. Avery, F. H. Judd, P. C. Dolley, T. Fisher, J. W. Young, J. C. Batchelor, D. M. Foster, T. J. Wright.

CHRONO-THERMAL SYSTEM.—T. Cooke, J. T. Walsh, T. V. Morrow, S. H. Chase, A. Black.—B.

MEDICAL ASSOCIATIONS.

THE Old School National Association assembled in this city on the 7th of May and adjourned on the 10th, to meet again in Charleston. The Eclectic National Association assembled on the 21st and adjourned on the 23d to meet in Pittsburgh on the second Tuesday of May, 1850. The Association of our friends in Indiana will assemble on the second Monday of June, 1850, at Lo-

gansport. The report of their proceedings last year, which has just been received, is herewith submitted. B.

THE ECLECTIC MEDICAL CONVENTION OF INDIANA

Met at Logansport on the 11th of June, 1849, pursuant to a call for that purpose, and was fully organized by the election of J. F. Merrell, M. D., President; A. Teegarden, M. D., and Alexander Tolerton, M. D., Vice Presidents, and J. A. Taylor, M. D., Secretary.

The convention being fully organized, on motion, the President appointed a committee of three to present a draft of a constitution for the adoption of this convention. Doctors Loomis, Taylor, and Dodds were appointed said committee, who reported the following, which was read and adopted as the constitution of this convention.

CONSTITUTION.

ART. I. This Association shall be known by the name of The Eclectic Medical Reform Association of Indiana.

ART. II. The officers of this Association shall be one President, Two Vice Presidents, one Secretary and one Treasurer, who shall severally hold the office for the term of one year, and until their successors are elected and qualified.

ART. III. This Association shall meet annually on the second Monday in June, at such place as the association may determine.

ART. IV. All Eclectic medical men of this State who are willing to subscribe to, and practically sustain the principles of Eclectic Medical Reform as set forth in an address of The National Eclectic Medical Reform Association shall be admitted as members of this Association by subscribing their names to this constitution.

ART. V. This constitution may be amended by a majority of two-thirds of the members present at any annual meeting, and shall be presented before the next annual meeting for its amendment and approval.

ART. VI. The officers of this Association shall be elected at each annual meeting; semi-annual meetings may be authorized by a vote of two-thirds of the members present at any annual meeting, and may be held at any place this association may designate.

The following resolutions were then adopted.

Resolved, That all Eclectic practitioners of this State be invited to co-operate with us in sustaining the elevated standard of Eclectic medical education—to think, speak, and act freely on all sub-

jects connected with medicine—to impartially investigate the merits of all systems, and adopt only such as are justly entitled to our confidence.

Resolved, That the Eclectic profession of Indiana be requested to report to the next meeting of this association rare and interesting cases of disease with the treatment, remarks &c.; also, any new remedies, with statistics of their application, or new applications or combinations of known remedies.

Resolved, That the President appoint a committee of three on each of the following subjects, to report at the next annual meeting of this association.

On Theory and Practice, J. P. Andrew, M. D., A. Teegarden, M. D., J. C. Bowel, M. D.—On Eclectic Surgery, Doctors Tolerton, Holloway and Rice—On Medical Botany, Doctors Merrill, Fisher and Cowdry—On Medical Statistics, Doctors Taylor, Andrew and Loomis.

Resolved, That a full expression of the views and sentiments of the Eclectic profession of Indiana is earnestly solicited, and that all Eclectics of this State are cordially invited to be present at the next annual meeting of this association and participate in its proceedings.

Resolved, That this association shall be auxiliary to the National Eclectic Medical Association, and that J. F. Merrill and A. Teegarden be appointed delegates to represent this association in the National Eclectic Medical Association at its next annual and semi-annual meetings.

Resolved, That this association will use all laudable efforts to sustain the Eclectic Medical Journal of Cincinnati and to extend its circulation.

Resolved, That this association do now adjourn to meet at Logansport on the second Monday of June, 1850, at 10 o'clock A. M.

J. F. MERRILL, M. D., President.

J. A. TAYLOR, M. D., Secretary.

NEUROLOGY.—Dr. S. E. PEARRE of Goshen, mentions in a private letter the following valuable illustration of Neurology. The irritating plaster appears in this instance to have acted as a derivative. It was applied not over the exact seat of the disease in the brain, (upon the angle of the lower jaw and extending toward the mastoid process,) but upon the nearest convenient point. The organs upon which it was applied became strongly excited, thus proving the derivation. B.

“I will take the liberty to detail a case of Melancholia, which has been so far successfully cured. The case was that of a young

lady, who was laboring under melancholy almost to desperation. I was told that it seemed to arise from *emansio mensium*, together with hepatic torpor, scrofulous habits, and a natural disposition to melancholy.

"After, however, restoring and maintaining a healthy hepatic action and energetic use of the emmenagogues—after, in fact, every symptom of disease had been removed from the system, except emaciation, the melancholy still remained, amounting almost to desperation.

"In this condition the nervines were resorted to, with little or no benefit.

"An irritating plaster was applied to the nape of the neck and on the arms alternately, and the patient put upon restorative bitters strongly saturated with *leonurus cardiaca*. This, however, resulted as before.

"Being forced to the conclusion, when I saw her, (about this time for the first,) that it was a primary disease, I determined to treat her according to the principles of Neurology. Accordingly, selecting the point most convenient to the supposed morbid excitement, without in any way disfiguring the patient, I placed a small crescent-shaped irritating plaster behind and above the ear. [This is the region of Destructiveness and Combaticiveness.—B.] These were allowed to remain on some two weeks, during which time *her disposition changed from that of continued melancholy to an exceedingly turbulent one.* They were then allowed to heal, and *she entirely recovered her serenity and vivacity in two days.* Her appetite became regular and good. The liver performed its office without medicine, and she rapidly regained her flesh, and has remained entirely well six weeks."

JOURNAL OF MAN.—We regret to perceive that many Eclectic physicians appear indifferent to supporting works devoted to the science of man, in which, after all, we must seek the true basis of medical philosophy. Such physicians take a very limited view of the nature and profundity of medical science—nor have they a just idea of the great movement of reform, who do not appreciate the importance of diffusing true phrenological science—the science of the brain, which is doing so much to liberalize the public mind. The *Journal of Man* needs the support of the friends of Eclecticism, to perform its mission of usefulness. We appeal to them with confidence, and we send herewith a prospectus to each of our subscribers. Can you not make up a club for the *Journal of Man* at the low price now offered? Please examine the prospectus carefully.—B.

DEMONSTRATIVE MIDWIFERY.—Quite an excitement has been raised in Buffalo, by the course of Dr. White, the Professor of Obstetrics, in teaching midwifery to his class by a clinical example. Seventeen physicians have made a remonstrance against this measure, but the medical journals are disposed to sustain the Professor. We think the medical profession generally is not troubled with quite as much fastidiousness as the Buffalonian seventeen have manifested. This appealing to popular prejudices against dissections, clinical examinations and other means of studying human diseases, would have been irresistible a few centuries ago, but at the present time it is rather out of date. In Paris, such a remonstrance would draw down no little ridicule upon its unfortunate signers.—B.

CAZEAUX'S MIDWIFERY.—"A Theoretical and Practical Treatise on Midwifery, including the diseases of pregnancy and parturition, by P. Cazeaux, Adjunct Professor in the Faculty of Medicine of Paris, &c., &c. (Adopted by the Royal Council of public instruction.) Translated from the second French edition, with occasional notes and a copious index, by Robert P. Thomas, M. D., member of the Philadelphia County Medical Society, late demonstrator of anatomy, in the Franklin Medical College, &c. With one hundred and seventeen illustrations. Philadelphia: Lindsay & Blackiston, 1850—8vo., pp. 765." Cincinnati, for sale by W. Phillips & Co.

This is one of the best works on midwifery now in print—clear, judicious and satisfactory.—B.

"DISEASES OF INFANTS AND CHILDREN.—By Fleetwood Churchill, M. D., M. R. I. A., pp. 636. Philadelphia: Lea & Blanchard. Cincinnati, for sale by W. Phillips & Co."

This is a work of much learning and accuracy, and may be recommended with confidence. Of course we do not look for much assistance in the way of prescriptions or remedial resources, from the writings of authors unacquainted with our American improvements, but in the study of disease, its history, pathological anatomy, &c., much is to be learned from writers who have had ample opportunities of observation.—B.

It becomes our melancholy duty to announce the death of Col. James Kilbourne, of Worthington, Ohio, who departed this life on the 24th of April last, aged nearly 80 years. Col. Kilbourne was a distinguished pioneer of the West, having emigrated to Ohio as early as 1802, and connected his name with many of the most interesting events and enterprises of the State, and served his country with honor and fidelity in a great variety of public capacities. His mind was vigorous, active and energetic throughout the whole of his long and eventful life. The cause of Medical Reform is largely indebted to the distinguished subject of the present notice, for its advanced position. He, as President of the Board of Trustees of Worthington College in conjunction with his colleagues of that Board, came forward and contributed their valuable aid at an early period of the history of the enterprise in this State, when it stood most in need of assistance, and continued to manifest a lively and active interest in the welfare of the cause, even up to the day of his death.

It would be no disparagement to any of the numerous and highly valuable friends of this cause, to say that no man disconnected with the medical profession, in this or any other country, has done more to advance its true and highest interests. M.

TRUSTEES OF THE INSTITUTE.—As an omission occurred accidentally in our last published list of Trustees, we now re-publish the list correctly.

Calvin Fletcher, Esq.,
Henry Roedter, Esq.,
James D. Taylor, Esq.,
Israel Wilson, M. D.,
L. E. Jones, M. D.,
Rev. H. Jewell,
James Bindley,

T. V. Morrow, M. D.
J. R. Buchanan, M. D.,
I. J. Avery, M. D.,
Alphonso Taft, Esq.,
Rev. D. S. Burnett,
Rev. B. F. Barrett,
J. L. Conkling.

STYLLINGIA SYLVATICA.—Our friends are earnestly recommended to avail themselves of the present opportunity of obtaining this invaluable alterative. Dr. A. M. Black, (late of Mississippi,) has on hand a large supply at his office, (north-east corner of Vine and Columbia,) which may be obtained *by wholesale* at fifty cents per pound. B.

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ECLECTIC MEDICAL JOURNAL.

Vol. II.]

JULY, 1850.

[No. 7.]

Part 1.---Original Communications.

NATIONAL MEDICAL ASSOCIATION.

THE American National Eclectic Medical Association convened in the Hall of the Eclectic Medical Institute of Cincinnati, on Tuesday afternoon, May 21st, 1850. The session was opened with prayer, by the Rev. Dr. Dalbey, after which the President, Dr. Morrow, delivered an address on the origin and progress of Medical Reform.

The Society then formed a temporary organization by electing Dr. I. J. Avery, President pro tem., and Dr. O. E. Newton, Secretary.

On motion of Dr. Morrow,

Resolved, That a committee of five be appointed by the Chair to nominate officers for the Society during the ensuing year.

Whereupon the following gentlemen were appointed:—Drs. T. V. Morrow, J. Dalbey, S. H. Chase, S. Ball and H. T. N. Benedict.

The Committee reported for

PRESIDENT, DR. J. R. BUCHANAN.

VICE PRESIDENTS, DR. H. T. N. BENEDICT, and DR. T. J. WRIGHT.

SECRETARIES, DR. J. G. HUNT, and DR. O. E. NEWTON.

CORRESPONDING SECRETARIES, DR. S. H. CHASE, and DR. B. L. HILL.

TREASURER, DR. I. J. AVERY.

On motion of Dr. Morrow, the rule requiring officers to be elected by ballot was suspended, and the persons nominated were elected.

The reports of the committees on Theory and Practice, Obstetrics, Chemistry, Materia Medica, Physiology and Surgery were deferred, with the exception of a verbal report from Dr. B. L. Hill of the committee on Surgery, who stated that as the ordinary method of treating stricture of the urethra, enlargement of the prostate gland and gonorrheal ophthalmia, were very unsatisfactory, he had been led to treat them by getting up an artificial gonorrhoea—using for this purpose, injections into the urethra of a solution of the vegetable caustic, or a dilution of the Tr. San. Can., first filling the bladder with some mucilaginous fluid. The Tr. San. Can. was the more severe application. The result of this course of treatment had been very favorable.

The committee on Publication and Finance reported that all moneys received had been expended for the publication of the proceedings of the last convention.

Committee on Medical Statistics stated that but few reports of the results of Eclectic practice had been received, but so far as they had, they showed clearly that the average mortality would not exceed two per cent., while the Allopathic mortality in hospitals was nine or ten per cent. in Europe, and seventeen per cent. in the Commercial Hospital of Cincinnati. Granting that their private practice was but one-half or one-third as fatal as their hospital practice; it would show a vast superiority on the side of Eclecticism. That in this city the mortality in cholera, of the Allopaths was 26 per cent. in May 1849, while the Eclectics were scarcely losing one per cent.

Dr. Benedict reported the results of the practice of himself and partner, Dr. Young, which presented a mortality of less than one per cent., and also, made very interesting remarks on several cases of morbid adhesion of the placenta.

Dr. Morrow stated that he had attended about 2000 obstetrical cases without the loss of one. Much of his success he attributed to good fortune, but considerable to his having given mild and active cathartics (such as the Hydragogue powder) occasionally, for several weeks previous to parturition, although the patient might have had daily and pretty free operations from the bowels. He also highly recommended the administration of active cathartics two or three days after parturition. Formerly he used the Hydragogue powder—latterly, the podophyllin gr. ss. every three or four hours till free catharsis.

The podophyllin gr. ss. every two or three hours, he had used with success in puerperal fever.

Dr. Brown made a few remarks, corroborating the testimony of Dr. Morrow as to the salutary effects of cathartics previous to parturition.

Dr. Benedict recommended to prevent abortion the following preparation:

R. Carb. Ferri,
Alettris Farinosa,
Bayberry, aa., one part,
Cayenne, one-fourth part

made into pills, S. 2 or 3—twice or thrice a day.

On motion of Dr. Chase, adjourned till to-morrow morning at 9½ o'clock.

WEDNESDAY, May 22d, 1850, 9½ o'clock, A. M.

The minutes were read and accepted.

On motion of Dr. Chase, the Constitution of the Association was read by the Secretary.

On motion of Dr. Morrow, a committee of three was appointed by the chair to draft By-Laws for the government of the Association.

Dr. Morrow, chairman of committee on Theory and Practice, then delivered an address, showing

1st. The great importance of Diagnosis to the reputation of the practitioner.

2d. Correct Diagnosis indispensably necessary to the success of the physician, especially in difficult cases, and that failures in this respect were always very injurious to his reputation. The Doctor then referred to errors frequently made in Diagnosis. He particularized masked agues, contending that the paroxysmal character and periodicity of diseased manifestations were their only essential attributes. That the interval between the paroxysms and the phase of their appearance a matter of no importance, and that they could all be cured by anti-periodics—gave cases illustrating his position—mentioned several blunders in diagnosing fistula and hip disease. A case of fistula was examined by Dr. Baker, professor of surgery in a school at Indianapolis, who called it a *boil!* In a case of hip disease (a boy) where the principal symptoms noticed were at the knee, Dr. Mussey had said that the leg must be taken off above the knee. The father declined having his son undergo the operation, and came to Dr. Morrow, who, upon examination found that the seat of the difficulty was in the hip and not at the knee. Consequently, it appeared that Dr. Mussey, though generally correct in diagnosis, would have deprived the boy of his leg and left the disease untouched.

The Doctor recommended the use of an infusion of *Stylingia Sylvatica*, and the chewing of the same for chronic sore throat. For scrofulous diseases and secondary Syphilis he recommended Dr. Chase's Syrup of *Corydalis Formosa* and *Stylingia Sylvatica*—also, spoke highly of podophyllin gr. ss. and neutralizing powder gr. 2 every three hours till catharsis in dysentery and diarrhoea, (and in cholera infantum much smaller doses,) followed by equal portions of leptandrin and the diaphoretic powder.

Dr. R. S. Newton, one of the committee on Surgery made a few remarks on the use of chloroform, and some of the advantages over the letheon or sulphuric ether. Dr. Newton has fully tested them both, having used the latter extensively until the discovery of the former, since which time he has given the decided preference to chloroform, and has used it in many cases without producing any injurious consequences in any instance. He referred to some of the improvements made and practised by Eclectic physicians, among which was the advantage of healing wounds resulting from surgical operations, by suppuration in place of the commonly practiced method, by first intention. He then presented to the convention several morbid specimens, which had been removed with the knife while the patient was under the effects of chloroform, and treated on the above plan, among which were several encephaloid tumors—one measuring twenty-four inches in circumference and weighing seven pounds.

His method of administering chloroform is to put a small quantity on a napkin or handkerchief and let the patient inhale it as it becomes mixed with the atmosphere, and continue until the anæsthetic effect is produced.

He recommended the use of sulphate of zinc to be applied locally in the treatment of mortification. For his full views upon this subject he referred the association to a communication upon that subject recently published in the Eclectic Medical Journal.

Dr. Hill remarked that he first used ether, and if the patient did not come speedily under its influence, the chloroform might then be used.

Dr. Morrow disapproved of the use of chloroform, because he was opposed to the use of any article which under its ordinary use was liable to produce bad effects, and chloroform certainly had.

Adjourned till 2 o'clock, P. M.

AFTERNOON SESSION.

Dr. Buchanan remarked, that Dr. Hayward, of Boston, who had much experience, states that sulphuric ether was always successful and never injurious. Spoke also of the suggestion of Professor Sanders, to use the decomposed elements of water as an anæsthetic agent—recommended it for trial—also, the nitrous oxide gas.

The committee on By-Laws, through their chairman, Dr. Morrow, reported the following resolutions.

Article I. All graduates of the Eclectic and Reformed Medical Colleges, as well as all practitioners who have been in respectable practice for the term of three years, and who may adopt the principles set forth in the address in the American Medical Association in Cincinnati, Ohio, commencing on the 25th day of May, 1848, may become members of this association.

Article II. Each member shall contribute one dollar per annum, which shall be appropriated to defray the expenses attending the meeting of the association, and for the publication of such documents as may be thought proper to be published—a copy of each of which shall be sent gratuitously to each member.

Article III. Any member who may be charged and found guilty of any unprofessional conduct, or any other act unbecoming a gentleman and member of this association, may be expelled by a vote of two-thirds of its members present at any regular session.

Article IV. It shall be the duty of all members of this association to report themselves to the President of the same at each regular annual meeting, either in person or otherwise.

Article V. Any member who shall fail to observe articles *second* and *fourth*, for the term of two years, shall be considered as withdrawn from the association.

Article VI. It shall be the duty of all committees and officers of this association to be faithful and prompt in the discharge of their several duties.

On motion of Dr. Owens

Resolved, That a committee consisting of not less than six members be appointed to prepare and present a report upon Medical Literature and Medical Text-Books, embracing a concise review of the most celebrated and valuable works upon the various departments of medical science, and a critical estimate of the value of the various Text-Books which ought or ought not to be recommended to the Eclectic medical profession.

Dr. Hunt then offered the three following resolutions, which were adopted.

Resolved, That a committee of three be appointed to report to the next annual meeting of this association, upon the subject of the practical value of Homœopathy, and the best methods of investigating and testing its value, and how it can be rendered available to Eclectic practitioners.

Resolved, That a committee of three, with power to add to their number, be appointed for the purpose of reporting to the next meeting of this association, upon the value of the Water-cure treatment, the most judicious modes of its application, and the extent to which it may be judiciously and conveniently carried out by Eclectic physicians in private practice.

Resolved, That a committee of three be appointed to report upon the practical and remedial application of the principles of neurological science, and upon the forms of disease in which mesmeric processes have proved most servicable.

On motion of Dr. R. S. Newton, the following resolution was adopted:

Whereas, the city of Cincinnati is rapidly becoming a great American emporium of literary publication and of medical instruc-

tion, as well as of commerce and manufactures, it is at this time highly important that a publishing house and book store devoted especially to the publication and sale of works upon liberal medicine and liberal scientific progress in general, should be established in this city.

Resolved, That in case such a house shall be established, we, as Eclectic physicians, pledge ourselves to exert our influence in its support, and give it our patronage as well as urge its support upon our friends.

This resolution was supported by Dr. Newton and Dr. Buchanan in an earnest manner, showing the importance of such an enterprise.

Dr. R. S. Newton offered the following resolution.

Resolved, That we reconsider the resolution appointing a committee upon the subject of Homœopathy, which was carried.

The motion then being on the passage of the original resolution, after considerable spirited discussion it was passed.

Mr. Merrell, Pharmaceutist, then made a report upon new concentrated remedies.

The meeting then adjourned till Thursday morning, 9½ o'clock, A. M.

THURSDAY, at 9½ o'clock, A. M.

Minutes of the meeting read and accepted.

On motion of Dr. Chase

Resolved, That a committee of three be appointed to report upon the subject of chrono-thermalism at the next annual meeting.

Dr. Benedict expressed his great gratification, his devotion to medical reform, and his regret at leaving the association, which his age would probably prevent his meeting again.

Dr. Morrow offered the following resolutions, which were adopted:

Resolved, That as the sense of this association, that it is the imperative duty of the medical reformers of the several states of the American Union to continue to protest against the existence of any unequal and oppressive laws whatever, touching the practice of medicine and surgery, or the admission of the faculties and students of the different medical schools to participation in the privileges of any of the several hospitals in the different states; and that it is their duty to continue to petition the legislative authorities of their states for the repeal of all such arbitrary, unjust and oppressive enactments.

Resolved, That the friends of progression and reform, be requested to urge on the attention of the several legislatures of the different states, the necessity of passing laws which will make it the duty of the physicians of all the different schools to keep an accurate statistical account of the names, places of residence, the number of cases of disease treated, the number of deaths and

cures, the character and stage of disease when called, the duration of treatment and the number benefitted but not cured in their entire practice, and to deposit a certified copy of the same in the office of the clerk of the court of common pleas in their several counties; and which will make it their duty to cause an accurate report of the aggregate number of cases treated by each physician, with the number of deaths that occurred in their practice, the names of the fatal cases as well as names of the attending physicians, to be published at least once annually in one or more of the most extensively circulating papers in the country.

Resolved, That the President of this Association be authorized and requested to add to the regular committees the names of such additional members as may be deemed desirable to further the objects of the association.

Resolved, That each individual member of the reporting committees be requested to give special attention to the subject allotted to the committee, and in case the committee shall not at an early period unite in the preparation of a joint report, each member is hereby specially requested to report as fully as possible in his individual capacity.

Resolved, That a special committee be appointed to consist of five members, whose duty it shall be to institute a careful examination into the comparative merits of the different systems of medical practice now prevalent, and report to the next annual meeting of this association.

Dr. Buchanan remarked that the courtesies of the Mercantile Library Association of Cincinnati had been tendered to the members of this association, and he should be pleased to introduce the members to the rooms of that institution.

On motion of Dr. Morrow

Resolved, That committees of correspondence, located at Cincinnati, Pittsburgh, Philadelphia, Memphis and Rochester, be appointed by the association.

Adopted with an amendment of Dr. B. L. Hill, that the city of New York be added to the number of places.

Resolved, That the following gentlemen be and are hereby appointed to act as such committees.

In Cincinnati.—Drs. James G. Hunt, O. E. Newton, I. Wilson, and I. J. Avery.

Pittsburgh.—Drs. S. Oldshue, Henderson, J. Stewart, Brown, F. H. Judd, and Bender.

Philadelphia.—Drs. T. Cooke, J. Sites, J. T. Walsh, W. Smith.

Memphis.—Professors J. King, H. Hulce, W. B. Powell, and Z. Freeman.

Rochester.—Drs. S. H. Potter, W. W. Hadley, S. M. Davis, and O. Davis.

New York city.—Drs. W. Beach, Hassell, and Smith.

Resolved, That the members of these committees be earnestly requested to publish in such journal as they may deem judicious, ample notice of the next meeting of this association, and to correspond extensively with their friends to induce and urge a general attendance of Eclectic physicians at the next annual meeting.

Resolved, That the next annual meeting of this association shall be held at the city of Pittsburgh, on the second Tuesday of May, 1851, at ten o'clock A. M.

Resolved, That Drs. Oldshue, Henderson, Stewart, Brown, Judd, and Bender be appointed a committee of arrangements, to make appropriate arrangements for the meeting of the association at Pittsburgh.

The different committees were then filled by the President, as follows:

On Theory and Practice.—T. V. Morrow, I. G. Jones, T. Cooke, S. M. Davis, S. H. Potter, H. Hulce, C. J. Childs, J. P. Andrew, A. Teegarden, Caleb Carr.

On Surgery.—S. H. Potter, R. S. Newton, W. F. Smith, J. H. Jordan, Z. Freeman.

Obstetrics.—J. Beeman, S. Rosa, B. L. Hill, Orrin Davis, Joseph Sites.

Physiology.—W. Byrd Powell, H. P. Gatchell, J. T. Walsh.

Materia Medica and Medical Botany.—J. R. Paddock, L. E. Jones, G. Lincecum, J. King, J. Kost, W. W. Hadley, H. T. N. Benedict, J. F. Merrill, S. Humphrey.

Pharmacy.—I. Wilson, W. Owens, W. S. Merrell, J. R. Johnson, E. S. McClellan.

Chemistry.—J. M. Sanders, J. B. Stallo, F. Stewart, A. K. Eaton, A. Essex.

Statistics.—R. S. Newton, Z. Freeman, W. W. Hadley, J. T. Walsh.

Hydropathy.—J. Garretson, A. Black, S. S. Ball, with power to add to their number.

Homœopathy.—J. G. Hunt, R. S. Newton, J. Garretson, T. J. Wright, L. K. Rosa, C. Lee.

Utility of Neurology.—H. P. Gatchell, W. Owens, Jephth Davis, B. W. Richmond, L. Hubbell, J. Stewart, N. L. Vansandt, S. E. Pearre.

Medical Literature and Medical Text-books.—I. G. Jones, W. B. Powell, J. M. Sanders, T. Cooke, L. C. Dolley, S. Oldshue, B. L. Hill, — Leonard, of North Fairfield, Ohio, L. H. Baker.

Comparative Merits of Different Systems of Medicine.—I. J. Avery, F. H. Judd, P. C. Dolley, T. Fisher, J. W. Young, J. C. Batchelor, D. M. Foster, T. J. Wright.

Chrono-thermal System.—T. Cooke, J. T. Walsh, T. V. Morrow, S. H. Chase, A. Black.

On motion of Dr. Morrow

Resolved, That a special committee on Pharmacy be appointed.

☞ See list of committees.

Dr. Hunt then offered the following resolution :

Resolved, That a committee of five or more be appointed to report on the following inquiry :

Are the infinitesimal doses of arsenic, the mercurial preparations, tartarized antimony, or other powerful poisons liable to produce permanent injurious effects upon the constitution as used by Homœopathic physicians?

Dr. Hill moved to amend by making it the duty of the committee on Homœopathy, which substitute was accepted and adopted, instead of a special committee.

On motion of Dr. Hunt

Resolved, That Eclectic physicians be requested to inform the committee on Homœopathy of all such facts as will tend to answer the above inquiry.

On motion of Dr. Chase

Resolved, That the committee on Physiology be excused from addressing the convention, and requested to report through the Eclectic Medical Journal.

On motion of Dr. Morrow,
Adjourned.

JAS. G. HUNT, M. D., }
ORRIN E. NEWTON, M. D. } Secretaries.

ECLECTIC PHARMACY.

BY W. S. MERRELL, A. M.

Read by request before the Eclectic Medical Convention.

CONSTANT inquiries are addressed to me, and to the Professors of the Eclectic Medical Institute, relative to the new and concentrated preparations, which I have been the means of introducing to the notice of the medical profession. I avail myself of the present opportunity to answer these inquiries, and at the same time give a general view of my various preparations.

It is often asked with respect to Podophyllin, Leptandrin, and other analogous preparations, am I the discoverer of these? I answer, I am so in the same sense that Fulton invented the steam-boat and Morse the electric telegraph. The power of steam and its application to machinery was known before the time of Fulton, and it had even been applied to the propelling of a boat; but he carried these inventions *one step further* and *first* made them of practical utility in navigation.

The properties of Electro-magnetism, and even its power to produce mechanical motion, was known before the inventions of

Morse. He only advanced a step on these discoveries and made them subservient to the important uses they now perform.

So of these medicines. Other pharmacutists had partially examined the *Podophyllum*, the *Macrotys*, and several other of our indigenous medical plants, and had discovered that among other proximate principles, they contained one of a resinous character, and Mr. Lewis, of the Philadelphia College of Pharmacy, (whose analysis was probably previous to mine, although not published till afterwards,) announced that the resin of *Podophyllum* was a drastic cathartic in doses of six or eight grains. But these discoveries lay as dead facts in the records of science until, without a knowledge of any of them, I obtained these principles in a purer form, and by a more eligible process, and immediately tested their operation, and with the efficient co-operation of the professors, and other physicians of the Eclectic school by whom I am surrounded, established their character as among the most important agents of the *materia medica*. Justice requires me to state that Dr. Jno. King, now Professor in the Eclectic Medical Institute at Memphis, had previously obtained several of these medicinal principles in a form somewhat less refined, and had successfully employed them in his practice, and had published some notices of them in the *Medical Reformer*. But these facts had attracted but little notice, and were wholly unknown to me till after several of my articles had acquired a considerable notoriety.

The most important class of these new agents is the Resinoids. We call them Resinoids, that is, as the word imports, "resembling resins." Like the pure resins they are neutral in their chemical character, i. e., neither alkaline nor acid, so that they are not disposed to combine directly either with acids or alkalies, except with the latter in the same manner as oils do, forming saponaceous compounds. They are like resins softened by heat, and when cold and dry, (unless combined with an oil as many are,) break with a vitreous fracture. Still they are not properly resins, for they are not perfectly liquified by heat alone, nor are they fully soluble in essential oils as the pure resins are.

The process for procuring these is in theory very simple. It is in general to obtain a saturated alcoholic tincture of the root. To this add a large quantity of water, and distil off the alcohol. The watery menstruum holds in solution the gum, mucillage, extractive and most of the coloring matter, while the resinoid substance subsides, and is collected, washed and dried. Still the process requires in many points no little skill, and pharmaceutical experience for its success.

The yield of these resinoids, from different roots, varies considerably as might be expected, but the average of these principles is from two to four per cent, or from a half oz. to one oz. from the pound of powdered root.

In the manufacture of these medicines the price of the root is but a moiety of the actual cost. The grinding, the waste of alcohol, even with the most perfect apparatus, and the labor and time employed, constitute the larger portion of the expense of production, so that the physician or even the druggist will seldom find it good economy to prepare for themselves.

The names by which I have designated these resinoids is found fault with. Some contend that they should be denominated the Resin of Podophyllum, of Macrotys, of Iris, &c., while others claim for them no higher appellation than that of extracts, but both denying their right to the termination of *in* or *ine*. Well, what is a name but an abbreviation to avoid the prolixity of a description of that which we wish to designate?

In records of abstract science it may be well enough to designate a thing by a description of its character, but when that thing becomes one of commerce and daily use, convenience requires that it be indicated by a single word, or at least, by the fewest practicable. Now I claim to have as good a right to give names to things as any one else, especially if they are my own offspring. But I have not acted without authority. Professor Wood, the author of the U. S. Dispensatory, who is no mean authority, speaking of the bitter substance obtained from the root of the Podophyllum by Wm. Hodgson, jun., says: "should this be found to be the purgative principle of the plant," (for this was not then ascertained, and indeed as obtained by Mr. H. its purgative property was nearly destroyed,) "it would be entitled to the name of *Podophyllin*." Turner in his elements of chemistry, mentions many articles perfectly analogous to these which he designates by the termination *ine*, added to the generic names of the articles from which they are obtained, as Hæmatoxyline, Gentianine, Populine, Liriodendrine, &c. * For the sake of perspicuity, I propose this as the mode, in part, of naming the proximate principles of vegetables, viz: that the names of the alkaloids uniformly terminate in *a*, after the analogy of the alkalies and alkaline earths, soda, potassa, magnesia, &c. Thus we should have *Quinia*, *Morphia*, *Strichnia*, *Veratria*, &c. But that the names of the resinous principles or resinoids, should be made to terminate in *in*, after the analogy of the generic substance resin or rosin, and accordingly we should write *Podophyllin*, *Macrotin*, *Jalapin*, &c. This rule I have adopted in naming the new medicinal principles which had not before received a settled designation.

Of these new resinoids, the *Podophyllin* was the first brought into notice, and is still regarded as first in importance. It is a powerful cholagogue cathartic, substituting, and for all useful purposes,

* With respect to the final *e* in these names, good authorities differ, some adding and others omitting it.

more than substituting the long celebrated "Sub-murias Hydrargyri" of the Old School. The mixture of one part Podophyllin, rubbed well with ten parts by weight dry refined sugar, is full as efficacious in its action on all the secretions, as an equal quantity of that formidable medicine, without danger of any of those permanent lesions, for which that has acquired such an unenviable notoriety. As an alternative and hepatic, it is best administered in small doses of one-eighth to one-half a grain, and repeated not oftener than from six to twelve hours. It should generally be mixed with sugar, syrup, or some soluble extract, to render it more readily diffused in the stomach, and thus guard against its local action.

When used as a hydragogue or evacuent, it should be combined with Cremor Tartar, Compound powder of Senna, or some other quick cathartic.

The *Macrotin* is the resinoid medicinal principle of the *Macrotys* or *Cimicifuga Racemosa*. It is not a cathartic or emetic, nor properly a narcotic, although it often acts powerfully on the brain. It is the great alterative and tonic of the nervous and sexual systems. Hence, in Leucorrhœa, and other derangements of the uterine organs, it has, like the root from which it is obtained, proved almost a specific, and has been used with marked advantage in the analogous diseases of Gleet and Gonorrhœa, also, in those forms of Rheumatism and Dyspepsia which depend on or are accompanied by a derangement of the nervous system, it is used with much success. The dose varies much, according to the state of the system, and the idiosyncrasy of the patient. Some females will easily take six grains a day in divided doses, while others can scarcely bear one. It is generally administered in pills, made up with Castile soap or Ext. Cypripedium, and given morning, noon and night.

Leptandrin is the name I give to the resin of the *Leptandra Virginica* or Black-root. I find no account of it in any work, and so far as I know, it had not been discovered till I prepared it about two years ago. It is a jet black substance, resembling in appearance pure asphaltum. Its peculiar chemical reactions, time will not permit me here to describe. Its medicinal action is that of a cholagogue and hepatic, with but feeble cathartic powers, and acting in small doses rather as a tonic on the primæ viæ. It hence, fills a previously existing blank in the *Materia Medica*—a medicine that efficiently stimulates and corrects the hepatic secretions without the debilitating effect of copious alvine evacuations. It consequently becomes a desideratum in the treatment of summer complaint of children, and all chronic diarrhœas, and in all typhoid fevers. The dose is about double that of Podophyllin, and as it produces but little manifest disturbance of the system, it may be given with less caution. It combines very advantageously with that article when it is desirable to increase a little the action of the

bowels—say one grain of Podophyllin to three or four of Leptandrin. Various other useful combinations of these articles will suggest themselves to the judgment of the physician.

The *Sanguinaria Canadensis* contains two medicinal principles, an alkaloid and a resinoid, which we name *Sanguinarina* and *Sanguinarin*. The former is described in works on pharmacy—of the latter I find no account. They are both soluble in alcohol and precipitated from it by water, and consequently by this mode of preparation, both principles are obtained in combination, and it is probably best for practical use that they should be, as the action of the medicine so obtained will be more identical with that of the root itself. It is a deep red powder, of much the same appearance as the finely powdered root. It has yet been very little used, and its peculiar properties and doses not well defined.

Iridin. The *Iris Versicolor* affords an oleo-resinous substance, in which its medical virtues evidently reside. Dr. John King obtained it as early as 1846, and speaks very highly of it in some articles in "The Reformer" of that year, and thinks it the "very mercury of the botanic practice." He called it *Irin*, but without having heard of his article, I named it *Iridin*, forming the name from the genitive instead of the nominative case of the noun, which I still think more proper, proximate medicinal.

It seems to consist of two, principles in combination—a *resin* and an *oil*, which may, altho' with difficulty, be separated, and which together form a soft waxy substance not soluble in water, and which cannot be dried down to a pulverizable state. On account of its ineligious form it has been but little used, and the anticipations of its great medical powers, but partially confirmed!

Cypripedin, is the name I give to the resinoid principle of the *Cypripedium*, or Ladies' slipper. It is in form of a dark extract of a pilular consistence, possessing a smell much analogous to good Russian Castor, and I anticipate that as an *antispasmodic* and *nerve* it may be found more than a substitute for that costly drug. It appears to exist only in the *cortical* portion of the root. The woody centre affords a beautiful honey-like extractive, of considerable medical virtue, but precipitates no resin. The Hydro-alcoholic extract of the whole root, will probably found its most eligible form, as this will embrace all its medical properties in a tolerable degree of concentration. It needs further investigation and experiment.

The *Hydrastis Canadensis* yields a beautiful yellow pulverulent *resinoid* which is named *Hydrastin*. It contains in a high degree of concentration the medical properties of that valuable root. It is a sub-astringent tonic and aperient, possessing considerable hepatic powers, and will be found valuable, I apprehend, in the treatment of diarrhoea, and dyspepsia, and all atonic conditions of the mu-

cous surfaces. Its dose will be about one tenth that of the powdered root. It has yet been but little used.

I have obtained an oleo resinous principle from the *Xanthoxylum Frax.* which I name *Xanthoxylin*, which evidently possesses the stimulant and carminative properties of the bark. Also from the *Asclepias Tuberosa* a tough unpulverizable resinoid which I name *Asclepidin*, but neither of them have been sufficiently used to enable us to speak advisedly of their doses, or medical powers.

Dr. J. King obtained the resin of the *Aletris Farinosa*, which he named *Aletrin*, of which he speaks highly, but in consequence of the scarcity and high price of the root, I have never prepared the article.

Many other of our indigenous roots—probably, indeed, all vegetable medicines, have some peculiar proximate principle on which their therapeutic properties depend. Many of these have been separated, and noticed in works of chemical and pharmaceutical science, but they have never been prepared in quantity or their therapeutic properties tested. A wide field for useful investigation is opened here; one in which it would be my delight to labour, but into which I have yet but just entered.

Before leaving this subject, I would remark that these *resinoids* and medicinal principles of plants, must be carefully distinguished from the *alcoholic extracts* of such substances, dried and powdered, of which large quantities are now being made. These may prove very valuable and convenient preparations, but they contain not the medicinal principles in their isolated state, but in combination with them all, if not more than all, the other elements of the plants which alcohol will dissolve. They are consequently much feeblers in medical power, and may be afforded at a much lower price.

The cost of obtaining the pure resinoid principles from our different indigenous plants, varies considerably according to the price of the material and the amount of yield, but for the the sake of convenience we have fixed on one dollar per ounce as the uniform price of them all, at present, with the usual commercial discount to those who buy in quantity to resell.

Nearly allied to the resinoids are those medicinal principles which are extracted from certain vegetables by *sulphuric ether*, and are presented in the form of fixed oils. Of these I have prepared only those of *Lobelia*, *Capsicum* and male fern. The first probably holds in solution the alkaloid *Lobelina*, and the second the resinoid *Capsicin*, but I have never made an analysis of them. These are powerful agents. The Oil of *Lobelia* is valuable in Tetanus and some other extreme cases, as it is easy to introduce enough upon the tongue to relax the whole system speedily, but it should not be used pure as a common emetic, as there is too much danger of producing local inflammation of the stomach, by the

action of so concentrated a medicine. In case of emergency however, a few drops may be rubbed with sugar, and then diffused in Boneset or other herb tea, and thus administered without objection. I anticipate it may prove a valuable local application, either alone or in combination, where a particular nerve is to be quieted or a muscle to be relaxed. The *oil of Felix Mas* has obtained considerable celebrity in France, in the treatment of tape worm. Of the Capsicin, or oil of Capsicum, I know nothing only that they must be some ten times more stimulant and powerful than the hottest Cayenne. There are several other medicines of which this will prove the most eligible form of presenting their active principles, but I have not tried them.

Analogous to the above are the preparations termed *Fluid Extracts*. The standard degree of concentration of these is, that each fluid ounce of the extract shall contain the unimpaired virtue of one ounce, by weight, of the crude medicine. This form of exhibition is applicable to those medicines, of which the active principles are so delicate in their constitution, that they cannot be evaporated to dryness, or even to a pillular consistence, especially at the temperature of boiling water, without undergoing destructive decomposition. This is the case with *Senna*, *Uva Ursi*, *Buchu*, and many other of our most valuable medicines.

The successful preparation of the fluid extracts requires much care, and some pharmaceutic skill. In general the powdered article should be first exhausted with alcohol, then (if we want all the properties of the original medicine) with water. These solutions are separately evaporated at as *low a temperature* as practicable, till (after allowing for a requisite quantity of sugar to preserve them) they shall together equal in measured ounces, the weight of the original ingredients. Then mix.

This mode of exhibiting medicines is now the hobby of the Philadelphia College of Pharmacy, and is one well deserving our attention. I have made but one new and important preparation of this class, in its full degree of concentration. This is my *Fluid Extract of Senna Compound*, or extract of Beach's Anti-bilious physic. Of this, one fluid drachm or a large teaspoonful is a quick cathartic dose for an adult, and it may be administered to children and fastidious patients, when the bulky powder will not be taken. The only objection to which I am aware that it is liable (except perhaps its necessarily high price) is, that owing to its whole active principles being already in a state of solution, its action may be too sudden, and it may be more likely in consequence to produce nausea or spasm. I will suggest that this may be obviated by giving it in divided doses, or by immediately following its administration by a full draught of some bland liquid, which will dilute and diffuse it, and shield the stomach from its instantaneous action.

My *Fluid Extract of Stillingia*, is made from the root of the *Stillingia Sylvatica*, on the same principle as the above fluid extracts, but owing to the uncommon potency of that article it is not expedient to carry its concentration so far as the above named standard.

In its present strength, from ten to thirty drops is as much as can usually be borne by adults.

The *Stillingia* is doubtless the most powerful alterative and anti-syphilitic medicine yet discovered. Its power has recently been developed in a new class of diseases to which it was not before known to be applicable, viz.: those of the throat and bronchia. I have lately known several cases which were pronounced confirmed Bronchitis, and one, of a most aggravated affection of the throat and tonsils, entirely relieved with almost miraculous facility by this fluid extract, taken in doses of from ten drops to a teaspoonful three times a day. Not exceeding one ounce of the medicine was required in either case. As a general alterative, however, in Scrofula, Syphilis and hepatic diseases, it is probably better not to use it alone, in consequence of the sickening and prostrating effects of large doses, but to combine it with other alterative preparations—in such proportions as it can be borne. For this purpose, I prepare the Compound Syrup *Stillingia*, which will be noticed under the next head, viz.:

Medicinal Syrups. These are generally compounds of a large number of medical agents. Indeed, some of them seem to be made upon the principle of taking all the articles which are supposed to be good for the diseases for which the syrup is to be recommended, and combining them into one heterogeneous compound. Some of them, however, are not unscientific combinations, and experience, which is truer than theory, has proved them to be valuable remedial preparations.

It is usual to prepare them by boiling the whole mixture in a considerable quantity of water, pressing out the decoction, boiling this down to the prescribed quantity, and adding sugar to form a syrup. But it always happens that in such compounds, some of the articles, (as the sassafras,) contain volatile oils, which are wholly driven off by the long continued boiling, others, and perhaps, most of them, contain medicinal principles of a resinous character, (as the Lig. Guaiac,) which are very partially soluble in water, and therefore, but a small proportion is extracted by that menstruum; while of others again, as the Sarsaparilla and Indian Turnip, the medicinal principles undergo destructive decomposition by long contact with water at a boiling heat; so that on the whole but a moiety of the true medicinal properties of the ingredients are extracted and preserved. I make these syrups by an entirely different process. The ingredients are first moistened with spirits, and left to stand several hours, say over night. They are then put

into "Smiths patent vapor displacement apparatus," and so much alcohol is first driven into them in form of vapor, as it is allowable to have retained in the Syrup. This is followed by the steam of water, till the amount of liquid condensed below, is nearly that required to make the given quantity of Syrup. This will of course contain most of the alcohol employed, by which it has dissolved and brought out the resinous, and other medicinal principles, together with all the volatile oils. This will contain three-fourths of all the strength of the ingredients, and is set aside and never boiled. The process is then continued with water or spirits till all the strength is extracted—these weaker solutions boiled down to nearly an extract, and added to the first obtained liquid, and the whole, simply brought to a scald, with the required quantity of sugar to form a Syrup.

In this way I prepare the *Alterative*, and *Scrofulous Syrup*; the *Compound Syrup of Stillingia*; *Beach's Pulmonary Syrup*; my *Neutralizing Extract*, or concentrated neutralizing cordial; and nearly all other compound preparations.

These are not secret or patent nostrums. The uses and the merits of most of them, have long been known and appreciated. The formulas of some are new and original—of others, essentially improved; but of all, are freely open to the inspection of every purchaser. But as the amount of ingredients used to the gallon, is much greater than that usually prescribed, and all the active principles so perfectly extracted and preserved, it is confidently believed that these preparations are from three to four times the strength and efficacy of those bearing the same names, made in the usual way.

The price of most of these, to physicians, is fixed at three dollars per gallon, or six dollars per dozen pint bottles; which is intended to be as low as they, under ordinary circumstances, can buy the ingredients, and obtain from them the same amount of medical virtue; and, considering the extra strength, is as cheap as the ordinary preparations at *one dollar per gallon*.

I find I have omitted in passing, the notice I proposed to take of the *Inspissated Juices*, and the pillular *Alcoholic* and *Hydro-alcoholic Extracts*. These constitute an important class of medical agents; much superior, for the reasons already assigned, to the common *Aqueous Extracts*. I have made several, and intend to have them prepared from most of our indigenous plants, but time forbids a further notice of them now.

There are several other improvements in the Eclectic Pharmacy that well deserve a notice here. But I have already trespassed too far on your time, and must defer my comments on them till another opportunity.

Part 2.---Miscellaneous Selections.

MALARIA AND ITS RELATIONS TO THE EXISTENCE AND CHARACTER OF DISEASE.

A Paper read before the Æsculapian Society.

BY SAMUEL THOMPSON, M. D., OF ALBION, ILL.

THAT vicissitudes of heat and moisture are quite inadequate to account for a certain class of diseases is manifest. For as Dr. Torry remarks that, "as the regions of New England, New Brunswick, and Nova Scotia are exempt from Intermittent, while in the regions of the great Lakes, both on the British and American sides, it is very prevalent; and as the coast of the former exhibits climatic features similar to the other, as far as regards temperature and humidity, it follows that a solution of the question, must be sought in the admixture of terrestrial emanations dissolved or suspended in atmospheric moisture." That vicissitudes of heat and moisture are therefore quite inadequate to account for a certain class of diseases is manifest. Whether we can as clearly show any other causes, is another question. It is, however, evident that there is some cause connected with locality. We all know, that in a great majority of cases, moisture is essential to the production of this cause, and yet, that excess of moisture is uncongenial to it also, as no one ever suspected pure and deep water of developing malaria, while few doubt the dangers of lands that have been submerged, but which are in a drying state; and who is there whose olfactory nerves have not told him, in a night ride in summer or autumn, that the air contained different elements in different spots?

But it is objected that Chemistry, that inspector of nature, can detect no change in the atmosphere in those spots said to be loaded with miasm. But I would ask, can Chemistry detect the particles exhaled by a grain of musk, and perfuming a whole room? Can Chemistry isolate the contagious exhalation from a small pox patient? Or, can she or the microscope detect the myriad germs of the Fungi? Yet we know these must exist and in their larger varieties we can see them, and who doubts that Musk or the blossom of the rose perfume the air, or that such perfume is indeed matter—part and parcel of that from which emanates.

For years past it has been known that the copper sheathing of ships traversing certain waters, decayed with unusual quickness. To ascertain the cause of this great commercial evil, the Lords of the Admiralty of Great Britain, directed that some of the water from the mouth of the Gambia on the Coast of Africa, one of the spots where copper was so affected, should be carefully secured in glass bottles and sealed up, brought to England and submitted to the examination of that able chemist, Professor Daniell. In it he detected Sulphureted Hydrogen in large proportions. We all know that the coast of Africa is one of the most fatal places in the world to human life. A single night ashore often being supposed to destroy life, by developing a fever nearly akin to yellow fever or to our malignant congestives. Previous, however, to this, Dr. Malcolmson had suggested that the presence of this gas, which he had detected in the waters of the Saline lakes of different parts of the world, must arise from the decomposition of the Sulphates in the water, by the carbonaceous matter of the vegetables floating in them. Acting upon this idea, Professor D., on the 2nd Nov., 1840, instituted the following experiments. He placed a quantity of newly fallen leaves in three glass jars, capable of holding a gallon and a half of water each :

Upon the first he poured a gallon of river water.

Upon the second, the same quantity of water with one ounce of common salt.

Upon the third, the same quantity of water with one ounce of Sulph. Sodæ.

The three jars were then placed in a warm room, the temperature of which varied from 70 to 110, and the water was filled up from time to time and well stirred. Upon examining them on the 15th Feb., 1841, (three months,) the following was found to be the state of the jars. No. 1 had a very disagreeable odor, but produced no change whatever upon paper soaked in acetate of lead. No. 2 was perfectly sweet, and possessed indeed a rather agreeable odor. It produced an effect, of course, upon the test paper. No. 3 had a most insupportably sickening odor, much worse than that of pure sulphureted Hydrogen, and instantly blackened paper soaked in acetate of lead, throwing down sulphuret of lead with a metallic lustre.

Two gentlemen (Saerd and Oldfield) entrusted with conducting an expedition up the Niger, remarked upon the deadly effect of breathing the air of "Those accursed swamps, where one is oppressed, not only bodily but mentally, with an indescribable feeling of heaviness, languor, nausea and disgust;" and such is the united evidence in relation to all spots where sea water comes in contact with vegetable matters.

Now, it has been experimentally proved by Thenard and Du-puytren, that so small a quantity as 1-1500th part of sulphureted

Hydrogen, dispersed in atmospheric air, kills small animals which breathe it, and the effect produced upon human beings inhaling it, are those very sensations of langour, heaviness and nausea, described above. But is this all that can be adduced in favor of the opinion that the nature of Malaria is gaseous, and that gas is probably, sulphureted Hydrogen? No indeed! I think it was in 1845 that Dr. Gardner, Professor of Chemistry in Hampden Sidney College, in a paper, published in the American Journal of Medical Sciences, assuming that sulphureted Hydrogen was the active agent in the production of Malarious diseases on the coast, undertook the following experiments, with a view to ascertain whether the same agent could be detected in those island spots where periodic fevers also prevailed, and where Malaria was generally supposed to exist. Finding it impossible to procure a sufficient quantity of atmospheric air to test its presence, he determined to apply pure silver (one of the most delicate tests for sulphur) as the means of trying the question. The purity of the silver he used, and the delicacy of the test was shown, by putting one drop of hydro-sulphate of Ammonia into 120,000 grains of water: a five cent piece placed in it was discolored in a few minutes, proving that *pure* silver, is able to detect sulphur, in a solution containing one part in 3,000,000 parts of water. With silver thus prepared, he examined the air over various streams and marshes, and while in some of these it took weeks to produce any tangible effect, in others, 22 hours were sufficient to render the presence of sulphur evident, upon passing a stream of Hydrogen gas over the pieces of coin when enclosed in a green glass tube and made red hot. Having thus proved that sulphur existed in such localities, his next object was to examine the source of it. In the foregoing experiments, the immediate source was a marsh containing much decaying vegetable matter; a rich alluvial soil saturated with spring water, or that which had percolated through the soil, and heated by the temperature of midsummer. Alluvial deposits contain much vegetable matter; their blackness greatly depends on it, and this vegetable matter is in a constant state of decay, the rapidity of which is proportioned to the access of oxygen and the warmth of the season. The second element of the sites in which Sulphureted Hydrogen was detected by Dr. Gardner, was decaying vegetation; in its decay, carbon is left in excess and exerts all its powerful affinities to assume the gaseous form. But vegetables contain also certain inorganic constituents, which are of great interest in the present question. Of these, the sulphates of Lime, Soda, Potassa and Magnesia, have been selected; in the decay of a plant containing any of these salts, the result will depend upon the presence or absence of water. If dry, they will be unchanged, but if water and heat be present, the Sulphuric Acid will be decomposed. The leaf contains a large portion of the salts existing in a plant; but

of all agents, spring water is the most important—it is usually impure. It contains the soluble salts of the land through which it has percolated. These must, from the nature of the case, differ; Murates, Sulphates, Phosphates and carbonates have been found by different analysis. Spring water is seldom free from sulphate of lime or magnesia; the former imparts to it the quality called hardness. When these ingredients are present in any quantity, and the water is kept in contact with decaying vegetable matter, they are decomposed; Oxygen is abstracted, and sulphurets are produced; the latter in their turn yield Sulphureted Hydrogen, with the first nascent hydrogen they encounter. So says Dr. Gardner; and when we compare these views and experiments with those of Professor Daniell, I conceive it will require powerful arguments and well collected facts to invalidate them. Sulphureted Hydrogen is a narcotic poison, prostrating the nervous system, and destroying muscular energy; in small quantities it produces colic and internal congestions. Well, still it will be objected perhaps, that so far, all that we have said only proves that sulphur exists in the water, in the soil and in vegetation, and that Hydrogen gas coming in contact with it gives rise to Sulphureted Hydrogen; but that we have not proved that the existence of this gas is the cause of disease. To this, I reply—we have proved its existence in those places, especially where malarious diseases are most rife, and we have shown that its effects, especially in minute quantities, are in many points similar to those we find as *symptoms of disease* peculiar to such regions. That, therefore, we are justified in coming to the conclusion, that like effects result from *like* causes, even should it turn out that they are not *identical* ones.

But while I thus think it more probable that Sulphureted Hydrogen plays a most important part in the ætiology of many of our diseases, I by no means intend to assume that it is absolutely and *alone* such cause. My arguments and quotations, have had one general aim,—viz: to prove the existence and agency of malaria, define it to be what you may; and to show that, not only can we prove its existence from theory reasoning, but that *it is*, and in one of its shapes, at least, *is tangible*.

I consider Malaria to be a depressant poison; the peculiar effect of which is to obtund or crush, (in proportion to its concentration, and the constitutional resisting power of each individual,) the nervous system of those exposed sufficiently long to its action; as we see manifested in the oppression and Malaise, so generally experienced by persons for days or weeks previous to the attack of sickness, and as shown in the prostration, and insensibility to the stimulus of medicines, &c., in many bad cases of fever; and as we see in its more exaggerated form, in those fearful cases, where, as in a person asphyxiated, they sink beneath the cause, without nature appearing even to make a struggle.

Let us see what Dr. Bell, the great contemner of Malaria, says in reference to the production of local effects from general causes. In showing the one sided reasoning of the followers of Broussais, he has the following:—"In the first place let us inquire whether any cause acting on the whole economy, is capable of producing local disease. Now, I believe it is quite certain that such is the fact, and that we may have first a morbid condition of the whole system, and consequent on this, nervous local lesions. Several continental pathologists, but in particular, M. M. Gaspard and Majendie, have shown by repeated experiments, that we can produce all the phenomena of Typhus in the lower animals, by introducing putrid substances into the system. These gentlemen injected putrid substances into the veins of animals and applied them to the surface of wounds; and in every case where these experiments were performed, they observed that the animals became ill; had languor; loss of appetite; thirst; prostration; in fact all the symptoms of bad typhus, and in case of death, they exhibited local lesions, corresponding with those we meet with in the human subject in fever." Here, then, is admitted the capability of agents acting on the general organism to produce local effects; the accompanying symptoms too, of which, closely correspond with those we have sketched as resulting from Malaria. But surely I have said enough. That certain agents of a gaseous form, can, when inhaled, produce all these effects, is well shown in the following extract from Christison's work on Poisons:—"In March, 1817, a number of miners at Lead hills, were violently affected and some killed, in consequence, as was supposed, of the smoke of one of the steam engines having escaped into the way gates, and contaminated the air. The gas present was supposed to have been sulphurous acid gas with carbonic, both in a diluted state; some who attempted to pass through, died immediately, some made their escape after some hours, but some remained till the air was so far purified, that their companions could descend to their aid. When Mr. Braid first saw them, they were running about frantic and furious, and striking all who came in their way; some ran off terrified, when any one approached them; some were singing; some praying, and others lay listless and insensible; many retired and vomited. In some the pulse was quick, in others, slow; in many, irregular, and *in all, feeble*; all who could describe their complaints had violent headache; some Tenesmus, and a few Diarrhœa; many recovered in a few days."—*N. W. Med. and Sur. Jour.*

(Dr. T. overlooks the properties of simple carburetted hydrogen, an efficient and much more common cause of malarious diseases.—B.)

PUERPERAL ANÆMIA.

BY DR. E. CARPENTER.

Symptoms. Anæmia makes its appearance with different degrees of severity; the symptoms sometimes following each other in rapid succession, while in other cases their development is slow and obscure. The first appearance which strikes the practitioner, on entering the sick room, is the peculiar cadaverous *countenance* of his patient. This peculiar waxy, death-like appearance, can never be mistaken, after having once been seen. It is entirely unlike anything else seen in disease. The skin is usually hot and dry, resembling to the eye more nearly a recent corpse than a living person. If the disease progresses to a fatal termination, night sweats ensue, with great prostration of the vital powers, and death closes the scene. If, on the other hand, the disease tends to convalescence, the skin has at times a gentle and healthy glow of perspiration; but during the whole time as white as alabaster, and without the least appearance of blood in the smaller vessels. Nor is it possible, in bad cases, to produce the least sanguinous appearance. Neither frictions, nor stimulating applications, although the cuticle should be abraded, will develop the least appearance of blood. The pulse frequent, from 100 to 150 in a minute, quick, tense, wiry, and, to a casual observer, may appear full, but will not bear pressure, and indicates debility. The heart acts with great intensity. The tongue is usually clean, until towards the termination of the disease, fatally, when it takes on an aphthous appearance. But in all cases, the tongue, together with the lips and mouth, are perfectly bleached and colorless. The tongue and mouth may, or may not, in the earlier stages of the disease, have a peculiar aphthous appearance. Respiration usually hurried, short, and labored; much dyspnoea after the slightest exertion; constant disposition to faint on rising; sometimes evidence of effusion in the chest, in other cases none. Edema, general, partial, or none at all. Throbbing in the head, with vision dim or blurred. This symptom is peculiar, and deserves a passing notice. The patient will not admit that the head aches, as ordinarily, but has a *beating* or *throbbing* in it, and will invariably compare it to the sound produced by a smith's hammer upon the anvil, or to that of a trip hammer. It is a source of greater annoyance to the patient than any other connected with the disease, and I have never known it wanting in a single case. The eyes are glassy, with a bluish-white tinge; little sleep, and that disturbed with much dreaming. Anxiety of mind great, with much tossing and rolling in the bed. Spirits greatly depressed and desponding, with a premonition that death is inevitable. Constant sighing, or efforts to fill the lungs with air, as if to supply the want of the natural stim-

ulus, by increasing the oxygen. Stomach irritable, with nausea, often rejecting its contents, with loathing of food, and towards a fatal termination will retain nothing. Bowels loose, with dark-green stools; may, or may not, be pain, usually none; lassitude great, and sometimes bleeding from the nose or other organs. Urine scanty and high colored; secretion of milk usually small, and in no instance (so far as I know) is there an excessive lochial discharge.

Such are the symptoms of puerperal anæmia.

Fifth, Prognosis. The favorable or unfavorable prognosis in this disease, will depend very much upon the length of time it has existed previous to being seen. If the disease be of recent origin, the constitution vigorous, and neither effusion nor hemorrhage exist, there is a fair chance of recovery, under a judicious treatment. But if the disease has been of long standing, and evidences of effusion in the chest exist, respiration short and labored, constant disposition to syncope, with a pale bloody fluid oozing from the nose, the prognosis should be unfavorable. Yet, even with this array of bad symptoms, the disease is not necessarily fatal. If by a judicious and vigorous treatment the vital energies of the system can be aroused, the absorbents will again act, the formative vessels may rally anew, and the patient may recover. But if, in addition to the bad symptoms above described, the bowels become loose, discharging a dark green offensive fluid, and the stomach persists in rejecting everything which it receives, both medicinal and nutritious, the prognosis must be fatal. Recovery is out of the question. In fine, we never would pronounce a case of anæmia entirely beyond the hope of recovery, until the stomach had become so irritable that nothing could be retained. When this state of things exists, all hope of recovery is at an end, the whole array of symptoms grow worse, the patient sinks rapidly, and death closes the scene.

Sixth, Treatment. In entering upon the treatment, our first care should be, not to mistake the *nature* of the disease. The intense action of the heart, with the quick tense, wiry pulse, and the severe beating in the head, might lead a novice to suppose anæmia was a disease of excess instead of debility; and cases have, more than once, been treated on this assumption. Nothing, however, can be farther from the truth. The tense, wiry feel of the pulse, is the result of the extreme nervous irritability of the system; and the peculiar throbbing in the brain, is because that organ does not receive its proper amount of stimulus from the blood. In other words, there is not blood enough thrown to the brain. Anæmia is emphatically then, a disease of debility; and one whose every appearance (at first sight) indicates the chalybeate treatment.

The appearance of the disease, as before observed, approximates more nearly to a bad case of chlorosis, than to any other,

in all its varied forms. And hence, the practitioner is led to believe (at first thought) that, as the chalybeate treatment is successful in the one case, so it ought to be in the other. The chalybeates are so strongly indicated (analogically) in this disease, that it may be questioned whether a physician ever failed of giving them a trial in his first cases. So strong were my convictions that the chalybeates were the proper remedies, that I did not abandon them, until convinced that they not only did no good, but that they were productive of positive evil. In every case where they were fully persevered with, the stomach soon became irritable and nauseated, rejecting everything it received. The bowels became loose, with frequent discharges of green, fœtid stools. Languor and debility rapidly increased; no nourishment could be taken, and the patient would sink and die. The chalybeate treatment was therefore abandoned, as worse than useless. But, what was to follow?

It is evident that the whole system, but especially the digestive, formative, and capillary systems, must be rallied and sustained; and also the nervous irritability, particularly of the stomach, quieted, and the bowels sustained. To accomplish the first indication, alcoholic stimulants were resorted to, either in the form of brandy, or wine, as best suited the stomach of the patient. The quantity was also measured by the ability of the stomach to take care of it, and the effect upon the system. Quinine, as being a powerful tonic, and at the same time stimulant, was indicated to sustain the system. This was also used (*ad libitum*), if the stomach would bear it, usually commencing with a half gr. to one gr., every two or three hours, and increasing as the stomach would endure.

To allay that peculiar irritability of the system, which is never absent in this disease, and to quiet the stomach and bowels, morphine was used in such doses as the case required, and always with good effect.

The sick room should be large, airy, and well ventilated; bed and body linen often changed; friction upon the surface with some stimulating application, or flesh brush. Diet, the most nutritious the stomach will bear. Eggs, in some form; beef steaks, beef tea, animal broths, and new milk, are among the best, if the stomach will bear them. If not, resort to less stimulating food. The child if living, should be taken from the breast at once. Might not blood be injected from a healthy person into the arteries of the diseased, with advantage?

By referring to the cases above reported, it will be seen that every case of recovery was under the above described treatment, and that but one or two cases were lost where it was persevered in vigorously; and it is more than probable that those might have

been saved, had the treatment been commenced at an earlier period in the disease

Reflections.—The first important inquiry which presents itself, in relation to this disease, is, as to its novelty. Were it a common and well known disease, we should not search authors, both ancient and modern, for, and search in vain. After close research, I have failed entirely in finding any treatise on this *particular* disease, except an able article by Dr. Channing, of Boston, published in the New England Medical Journal, in 1842; and that, so far as the treatment was concerned, is entirely unsatisfactory. Some twelve or fifteen cases were reported, some of which came under his own observation, others were reported to him by other physicians, nearly every one of which proved fatal. They were not all connected with the puerperal state, a part of them being males, and in a part of the females, the disease had its origin in other causes than gestation or lactation. If a disease of so grave a nature, and so important and momentous in its consequences, always involving the lives of individuals, had been preying upon the human family for any considerable length of time, it must long since have attracted the attention of medical men. But so far is this from being true, that the most recent works on Theory and Practice of Medicine, as also on Midwifery and Diseases of Women, do not give it even a passing notice.

Neither do the professors in the medical schools introduce it into their catalogue of diseases upon which instruction is needed. We are therefore induced to believe that it is one of those diseases dependent upon, and induced by, more recent atmospherical, meteorological and physiological causes, not yet well known to the profession. But again, why is this disease connected with the puerperal state? True, a portion of the nutriment of the parent goes to sustain the foetus, and is therefore abstracted from the mother. But this is a process perfectly natural, and does not of necessity affect the health or strength of the mother. This, therefore, cannot be a producing cause of the disease; if it were so, why should a part suffer while others are exempt? Besides, it is evident that the child suffers in the direct ratio with the mother, being always *weak*, (where the disease appears before parturition,) and in bad cases *dead* at birth. The cases above given were all good livers, and could not have been affected by bad diet. They also contain all varieties of temperament, health, strength and vigor of constitution. Another remarkable fact is, that most of them were young women, vigorous and athletic, and at the very age of life when there is a redundancy of the sanguineous fluid, of vivacity and the vital powers; most of them being pregnant with their first children.—*Bos. Med. Surg. Jour.*

ON ANÆSTHESIA BY THE INHALATION OF ETHER
OR CHLOROFORM.

M. VELPEAU read, at the annual meeting of the Academy of Sciences, a paper on the inhalation of ether or chloroform, in which he embodies the history of anæsthetic agents, their introduction into practice, the results obtained, and his own opinions on the subject. In the historical sketch we find the following passages. The so-called Memphis-stone, dissolved in vinegar, after having been reduced to powder, was used as an anæsthetic agent amongst the Greeks and Romans, and mandragora was extensively known as possessing anæsthetic properties. Dodonæus says, in his history of plants, that the vinous decoction of mandragora causes sleep, and allays pain; and that it was therefore administered to those who were to have part of their body burnt or sawn off. The surgeons of the middle ages were well acquainted with the employment of certain anæsthetic agents. Hugh, of Lucca, a celebrated practitioner of the thirteenth century, speaks very distinctly on the subject. A sponge dipped in the juice of morel, or nightshade, hyoscyamus, cicuta, lactuca, mandragora, or opium, was put under the nose of patients, and made them sleep during operations; they were then roused by being presented another sponge soaked with vinegar, or by putting the juice of rue into their ears. From M. Julien's communication to the Academy of Sciences, it may be seen that the Chinese, some centuries ago, were aware of means for rendering patients insensible during operations. Boccaccio mentions, in the Decamerone, 39th tale, that Mazet de la Montagne used to operate on his patients after having put them to sleep with a water of his composition. Formulæ have been transmitted from father to son among malefactors, by which their intended victims might be plunged into sleep. Prisoners, towards the revival of letters, knew how to procure certain drugs with which they could bear torture without feeling the pain. Is it not likewise said that the Turks possess the means of plunging into anæsthesia those upon whom circumcision is to be performed? In our times we find Sir Humphrey Davy stating, after having used the nitrous oxide gas upon himself to allay toothache, that this gas might probably be of use in surgical operations. Mr. Wells, of Hartford, used this gas in 1842, for extracting teeth without pain. Mr. Hickman announced in Paris, in 1821, that he was able to render patients insensible to pain by making them breathe a gaseous substance, the name of which he did not make public. Messrs. Orfila and Christison had found that animals might be rendered insensible by being given ether internally. M. Merat used ether inhalations for allaying pain, and Mr. Faraday observes (*Quarterly Journal of Sciences*, 1818) that ether acts

upon man like the nitrous oxide gas, and that the action of the former, at first exhilarating, soon becomes stupefying.

M. VELPEAU, after refuting the objections of those who represent the inhalations of ether or chloroform as dangerous, says:—The use of these agents does not seem prudent in operations to be performed on the mouth or throat, in the nasal fossæ, the larynx, or trachea, on account of the necessity for patients to expel, by coughing, the blood which tends to invade the bronchi. Without proscribing chloroform, I however, do not advise it when operations are to be performed on the eyes, lids, or lips, when in aneurism an artery is sought for, or in operation upon individuals much enfeebled, either by disease or old age. It is a mistake to believe that chloroform facilitates the surgeon's task, for it would be often advantageous to make the patient change his position, answer questions, &c.; and the operator is likely to get nervous and flushed when the chloroform is kept on for a long time, as fears of ultimate unpleasant results will disturb his mind. Yet painless operations by means of chloroform must be reckoned among the most brilliant discoveries of the nineteenth century; and so great is the desire to take advantage of it among the public, that the surgeon is more frequently obliged to refuse giving the chloroform than to induce the patients to inhale it. Many people who would have gone to their grave without even disclosing the nature of their affection, for their horror of operations, will now have a chance of a prolonged life. Finally, M. Velpeau thinks that the administration of anæsthetic agents ought to be regulated more by the nervousness and fear of the patient than by the importance of the operation. Terror and dread are very detrimental, and though the cases be slight, anæsthetics should be had recourse to when the patient's mind is disturbed by lively apprehensions of pain.—*Lancet*.

NEW METHOD OF REMEDYING THE ACCIDENTS CAUSED BY CHLOROFORM.

BY M. RICORD.

(Translated for the *Lancet*, by J. L. Milton, Esq., M. R. C. S. Lond.)

THE following letter, by M. Ricord, has been copied into the *Journal de Chimie*, Jan., 1850, from which I took it, having vainly attempted to get at the original. The subject of which it treats is important enough to merit attention; for few accidents can be more appalling to a surgeon, than the death of a patient from the use of a remedy which that surgeon has administered, perhaps much against the wishes of the other.

"M. Ricord," says this journal, "has just published a very interesting letter, on a method by which he has twice succeeded in

rescuing from death, two persons, whom he brought to the verge of it by the exhibition of chloroform. This method is insufflation by the mouth, without any intermedium;—but we will let him speak for himself.

“In my practice, I have met with two cases, in which the employment of chloroform had nearly been fatal: in both, its action was very rapid, and had not occasioned any previous excitement. It had been administered by means of a sponge, with large pores, which permitted, at least in appearance, the inhalation of a sufficient quantity of air.

“CASE 1. The patient who furnishes the subject of my first case, was a woman of about twenty-six, from whom I was about to remove some growth of no great size. She was previously chloroformed, to which she only submitted after repeated entreaties, for she appeared to be excessively timid.

“The anæsthetic effect of the chloroform was very rapid, for after a few respirations she appeared asleep; the sponge was removed, and I commenced excising the growths, but had scarcely given two or three cuts, when one of my assistant surgeons told me that the pulse appeared to be failing. I now saw, in fact, that the beating of the heart was suspended, that all respiratory movements had ceased, and that the lips were livid, and hung down. The limbs were completely relaxed, and the paleness of the face showed that the patient was in that state of syncope which is the herald of death. All the remedies indicated in such a case were forthwith employed, as cold currents of air, sprinkling cold water on the face, tickling the nostrils, &c. Artificial respiration, by pressure on the walls of the chest, was tried.

“The syncope continued, and death seemed close at hand. I began to be uneasy, and determined to try direct insufflation. I applied my mouth to that of the patient. After some inspiration, the dying woman gave a sigh, her chest heaved, the face resumed its normal color, the heart and pulse commenced beating in an appreciable manner, and the eyes opened; respiration had again brought into play all the functions of life, and the return of sensation was evidenced by a smile. The patient was saved, and we escaped with the fright.

“CASE 2. The second time that I experienced the dangers of chloroform, was with a patient under my care in the Southern Hospital, (Hospital du Midi.) He was a young man whose case required circumcision. As this operation is generally painful enough, he asked me to send him to sleep with the chloroform. A sponge impregnated with it was given him to respire from; the action was very rapid, without any appearance of preceding excitement, and the patient was soon plunged into total insensibility. I performed the operation, but when it was concluded, the patient did not recover his consciousness, and remained in a state of alarm.

ing stillness. The pulse gradually sank ; the heart ceased to beat ; all the sphincters were relaxed, and his cadaverous face seemed to testify that death was near.

"All the means I have indicated in the preceding case were tried, but without avail, and it became necessary to have recourse to direct insufflation, which had already so well succeeded in one case. Success crowned my efforts, and the patient recovered.

"Now, my dear colleague,* may we not conclude from these two instances, that in cases of impending death from the use of chloroform, direct insufflation from mouth to mouth, from the surgeon to the patient, is a more sure and efficacious remedy than any thing else ever recommended in such cases ; more certain and quicker than all the other methods of artificial respiration with tubes or catheters. Do you not, with me, think that the surgeon who should neglect having recourse to it, would take upon himself a very serious responsibility ?

"I know well it will be objected that such a plan is disgusting and repulsive : but this is of but very little importance to men whose life is professedly one great act of devotion."†—*Lon. Lan.*

ALARMING RESULTS OF CHLOROFORM.

BY CHARLES BEEK.

SIR,—After reading the case of death from chloroform, published in *THE LANCET*, a short time since, by Mr. Solly, I made up my mind to send you the following. On July 3d of last year, I removed a large scirrhus breast from a strong stout woman, Mrs. K——, aged forty-two, the wife of a plumber, of this town. It was her wish that she should be put under the influence of chloroform, which was accordingly done. For several minutes her system resisted the influence of the remedy, and it was not till three drachms were used, and the vapor concentrated by placing a fold of lint over the back of the inhaler, that she was rendered unconscious.

The removal of the breast occupied about four minutes, during which she showed not the slightest consciousness of pain, or of what was going on ; just as the last incision was completed, she slipped from the chair in which she was sitting, and from the grasp of an athletic woman who was holding her, and fell apparently dead upon the floor ; her face was of a deadly pallid and livid color, and her lips, lobes of the ears, and finger-nails, of a

* This letter seems to have been addressed to M. Escalier.

† M. Escalier recommended, instead of insufflation, the introduction of one or two fingers into the mouth, as far back as the entry of larynx and oesophagus. This method has succeeded in his hands.

deep purple hue; her eyes were fixed, pupils rather dilated; irides motionless; her limbs relaxed and perfectly still; no pulse to be felt at the wrist or carotids; and on placing my ear upon her chest not the slightest sound of the heart's action or respiratory murmur was audible. The window was thrown open, and cold water, ammonia, &c., called for. I immediately perceived that all these would avail nothing, when it occurred to me that artificial respiration, by direct insufflation—in the way, indeed, in which I have always used it for resuscitating still-born children, and which I learned from my midwifery preceptor, the late Dr. Hugh Ley,—might possibly save her. Intervening a single fold of my pocket-hankerchief, I placed my lips within hers, and breathed strongly into her mouth, at the same time closing her nostrils with the thumb and forefinger of my left hand, and pressing her larynx towards the spinal columns with my right finger and thumb, so as, in some degree, to close the œsophagus. At the fourth inspiration she gave a slight convulsive gasp, and this was soon followed by other and more regular respiratory efforts, her pulse returned, and her countenance soon resumed its natural color, and I had the delightful relief to see her revive. After a few minutes, I proceeded to remove a diseased gland from the axilla; at this she cried out a little: though it was evident that the anæsthetic influence of the chloroform was still to a degree kept up, yet she was quite conscious of what was being done. There had been but little hæmorrhage during the operation, and only one vessel required to be tied. She complained much of headache during the rest of the day, but went on favorably, and the wound soon healed. She has not shown any symptoms as yet of a return of the disease. I was assisted in this operation by my friends, Mr. Frederic Seagram, of this town, Mr. E. B. Thring, of the Bengal Medical service, and my own assistant. We all looked on the woman as irrecoverably dead, and were as much surprised as gratified to see her restored.

—*Lon. Lan.*

A FACT FOR MEDICAL MEN.

BY J. PETIT.

The influence of the mind of the mother on the unborn child, is a question yet undetermined. Though many cases have been cited which strongly tend to establish the fact that the physical conformation of the child is liable to be affected by the mental emotions of the mother; philosophers, unable to trace the successive links of cause and effect, have pronounced them to be mere cases of coincidence. Nevertheless, the question is not settled; and whatever may be the conclusion established by subsequent observations, at present it is safe for mothers, during gestation, to

avoid all such circumstances as are liable to make a positive impression on the feeling or imagination. A case in point has recently occurred in Anderson county, which is certainly worthy the attention of medical men. From a letter from the attending physician, we make the following extract :

"On the 2d ult., I was in attendance on a lady who gave birth, after a labor presenting difficulties which required my interference, to an anomalous product, of which the following is a tolerably correct description.

"It was without a head, and had but a small portion of neck; and presented an appearance as though the head had been cut off from the neck. From the small of the back, and extending up, and projecting some two or three inches over the stump of the neck in the form somewhat of a scoop-bonnet, was a mass which I at first regarded as conglutated blood, but on close examination it proved to be flesh. In front and below the neck were two noses, inclining towards each other, so as to approach very near at their points. Between the noses were two eyes, in every respect as natural as any new born babes, but on the outside of the noses were two other eyes, having more resemblance to the eyes of an owl, than to anything else with which I can compare them. It had but one mouth; but the cavity from the mouth to the swallow was divided by a thin gristle, with two chambers, and each chamber following the direction of the corresponding nose above, leading to separate swallows. The same or a like gristle also split the lower lip, forming distinctly a lip above, two lips and corresponding chins below; a like gristly substance took the place and presented the appearance of teeth, numbering some four or five. It had no tongue. The right ear seemed to be a compound, something like a cat's ear and something like a human's, but the left ear was readily distinguished in its resemblance, being precisely like a cat's ear with the tip of the end hanging down. The body was rather short, and somewhat thicker than is common, with all its members complete. The entire length was ten inches. The product was born alive, and lived some ten minutes.

"The mother was in good health; and nothing could be designated by her or her acquaintances as the producing cause of such an unfortunate birth, except an impression made upon her by cutting off the head of a cat—an operation which she performed herself during the gestation which was terminated by the birth of the above described monster."—*Knox. Reg.*

(Cases somewhat similar to the above, have doubtless occurred in every part of our country, and we would be much gratified by receiving from our correspondents narratives of any such cases.—B.

THE KIDNEY DISEASE OF SWINE.

I notice in the columns of the *Cultivator* that some stray opinions are entertained in regard to this disease of swine. One correspondent says the disease is occasioned by gravel in the bladder or urethra, and is confined to the male sex in the swinish species for the same reason as with the human. I do not pretend to be intimately acquainted with the anatomy of grunTERS, but you must have a different race of them in Ohio, from ours in Kentucky, if sows do not have the kidney disease. I have been managing a farm for forty-five years, and during that period have had a good deal to do with hogs, having carried on (in blindness) a moderate distillery during much of the time; and I do not recollect ever to have had one male affected with the disease, but have lost many females thereby. I do not say that males never have it, only that I never recollect seeing one affected by it.

As to cure, I have tried many things, arsenic not excepted, without any material benefit; until some three years ago, when I had put a sow by herself, expecting her to have pigs in a few days, and she was found down with the kidney disease, so bad that she could not drag her hind parts along. I had no hopes of her recovery, and knew that it would be impossible for her to raise her pigs in that situation, if she lived to have them. While looking at her, a black man belonging to a neighbor came up and said that he had cured many by *putting red pepper in their backs*. I concluded to try, though without much hope. We made an incision over the kidneys, near the spine, about four inches long and something over an inch deep, filled the hole with pods of red pepper and then sewed it up. The next day she was walking about, but still exhibited some weakness. In a day or two she had eight pigs, two of them she drowned by making her bed in a hole, the other six she raised well, and the fall after, she fatted well and made good pork.

The next fall I had two fatting sows that took the complaint—hind parts entirely paralysed. I pursued the same course with these, and they got up in a few hours—fattened well afterwards, and made good bacon. These are the only instances I have known of the use of this remedy.

J. M. J.

Lexington, Kentucky.

REMARKS.—The *rationale* of the foregoing remedy, is doubtless the same as that given in our paper of March 15, 1848, namely, cutting a gash over the kidneys and filling it with salt. In both cases, it is doubtless the principle of *counter irritation*—(well known to physicians)—that effects the cure.—*Ohio Cultivator*.

SANGUINEOUS PERSPIRATION.

THE fact that sweating of blood ever takes place, is very much doubted. Dr. SCHNEIDER, a German physician, states, however, that he has witnessed this phenomenon several times. In a man, fifty years of age, who had walked for twelve consecutive hours, he found the feet covered up to the instep with a sanguineous perspiration, which had moistened the stockings; and in another case, that of a young man, the perspiration of the axillæ had, after violent exercise, assumed a fine red color. Dr. Schneider adds the following fact, on the authority of Paulini: The latter being on board ship during a tremendous gale, saw a sailor of about thirty fall down on the deck in a swooning fit; he drew near him, and perceived on his face large drops of fine red; thinking, however, that this blood might be coming from the nose, he wiped them off; but he was greatly astonished when he saw them immediately exuding again. There was a similar moisture on various parts of the forehead, cheeks, and chin, as well as on the neck and chest. These drops of blood could actually be seen oozing from the orifices of the sudoriferous channels. If this fact of Paulini is thoroughly exact, it would settle the question, but as to the cases mentioned by Dr. Schneider, there might have easily been an abrasion which escaped his attention.—*Lon. Lancet.*

OBSERVATIONS

On the Treatment of lacerated and contused wounds in parts likely to be followed by Tetanus, illustrated by cases. By JOHN O'REILLY, M. D., Licentiate and Fellow of the Royal College of Surgeons, Ireland; late Medical Officer to the Old-castle Workhouse and Fever Hospital, in Ireland.

THE most celebrated surgeons who have written essays on the subject of Tetanus, have particularized the treatment consonant with their ideas of its nature, after it has seized on the patient. The fatal results of traumatic Tetanus, prove that up to the present period, there is no specific or certain plan of averting its evil consequences. Now, it must be most desirable to anticipate and ward off this fearful and dreadful malady, by adopting such a system of local and constitutional treatment as will be calculated to guarantee such a fortunate consummation. The late eminent and justly distinguished surgeon, Mr. Colles, who was for upwards of thirty years, lecturer on Surgery, at the Royal College of Surgeons, in Ireland, used to say in his lectures, "that there was no application for wounds, in which he placed so much confidence, as spirits of turpentine, when Tetanus was to be apprehended." I am not

aware that this valuable suggestion has been acted upon by any one up to the present time but myself, and am, therefore, actuated to give the cases where I tested the efficacy of the hint thrown out by the learned professor, whose idea on the matter was original, as it has reference to the disease with the regard to its prevention, which is a different thing to its applicability after the occurrence of the disease. I must observe, that I have made what I deem an improvement on Mr. Colles's advice, by putting the patient under the influence of mercury combined with opium, as soon as possible after the injury.

The reason for giving the mercury is to prevent, or arrest, morbid action, whilst the administration of opium is required to tranquillize the system. How the turpentine acts is a subject which may admit of controversy. It appears to exercise a specific influence on the nerves, and by its action destroys or prevents nervous irritability. That it has a sedative influence, cannot be doubted, from the fact of the patients expressing themselves relieved, a pungent sensation being only complained of. The wounds become clear under its influence, and resemble muscle after being slightly macerated. In fact it seems to keep the neighboring parts in the same state, as if no injury was inflicted, there being very little inflammatory action, no signs of gangrene, erysipelas, or hemorrhage. I will now submit the cases.

CASE 1st. Rev. William Fannelly, aged twenty-four years, residing at Clondiliver, county Westmeath, whilst amusing himself firing at a target in company with two other gentlemen, on the 20th of August, 1848, the gun exploded, fearfully wounding his left hand. On examination about three hours after the occurrence, the following appearances presented themselves: a lacerated and contused wound, of an elliptical form, on the palmar aspect of the hand—the superior cornu corresponded to the radiocarpal articulation, about half an inch to the ulnar side of the styloid process of the radius—the inferior terminated midway in the interosseous space, between the second and third metacarpal bones, the convexity looked towards the internal side of the carpus. The soft parts, to use a familiar phrase, were literally ploughed up, whilst the os magnum was found to project about the eighth of an inch on the dorsum of the carpus. Another wound, of a similar kind, was found to extend about a half an inch above the pisiform bone, towards the metacarpo-phalangeal articulation of the little finger—half of the first, and the entire of the middle and last phalanges of the little finger, were completely denuded of the soft parts, the bones only remaining—a transverse wound on the ring finger corresponded to the sulcus which separates it from the palm of the hand. The case appeared to be one which demanded amputation, but on reflection I deemed it would not be necessary until mortification set in, and, therefore, determined to watch such an event.

Again I conceived if hemorrhage took place, I could take up the arteries in the fore-arm and secure them. Having come to these conclusions, I at once proceeded to amputate the little finger at the metacarpo-phalangeal articulation. Being very apprehensive that Tetanus would supervene, I acted on the recommendation of Mr. Colles, and poured spirits of turpentine into the wounds, and afterwards applied lint saturated with it to the same. After the wounds were treated in this manner, the patient felt comfortable, and had merely a pungent sensation in the hand. I directed him to be put on a low diet, to have an anodyne draught, and to take two grains of calomel with one of opium night and morning. The wounds were dressed with the turpentine up to the 25th, when equal parts of turpentine and olive oil were substituted for it. The patient at this date being under the influence of mercury, it was discontinued, and a saline aperient exhibited. On the 29th, emollient poultices were ordered to be applied. The wounds, I should remark at this period, presented a clean appearance, and looked like muscle slightly macerated. After few days had elapsed, healthy granulations sprung up, pus of a good character was freely secreted, and on the 15th September, the poultices were changed for simple dressing, viz.: caustic wash, dry lint, and oiled silk, and the parts were all cicatrized on the 2d of October. Mr. Farrelly, on his return to Maynooth College, was inspected by Mr. Ellis, professor of surgery at Dublin, who declared, that if such a case came under his care, he would at once amputate the fore-arm, and expressed his astonishment at his having escaped lock-jaw. It is quite clear, the branches of the median nerve, which are distributed to the thumb, as well as the branches to the index and middle fingers, must have been greatly injured—that the branches of the ulnar nerve, which goes to supply the little finger, as well as the ulnar side of the ring finger, suffered lesion, is indisputable.

CASE 2d. Mr. Richard Govden, aged sixty years, residing at Deamor, county Meath, whilst employed removing one of the cogs in the wheel of his mill, on the 30th November, 1848, had his right hand crushed between the wheels, in consequence of the machinery being put in motion by some water falling on the wheel, which was accidentally allowed to flow from the dam. On examination of the injuries, a few hours after the accident, there were observed a transverse wound, about one inch in length, on the palmar aspect of the hand, corresponding to the carpo-metacarpal articulation of the second and third metacarpal bones; a semilunar wound on the palmar aspect of the index finger—the convexity looking towards the palm of the hand, the concavity towards the articulation, between the first and second phalanx—a transverse wound on the middle finger, opposite to the first phalanx. On the dorsal aspect of the hand, a large flap wound, of a crescentic form,

the convexity towards the wrist joint, one extremity pointing to the index, the other to the little finger.

The same local application, as well as constitutional treatment, were had recourse to, and the case terminated equally fortunate.

CASE 3d. Michael Reilly, aged 30 years, whilst employed at Mr. Dally's Blachwater mills, in February, 1849, in attempting to remove some straw which had got in between the wheels, had the top of his thumb, including the nail, of the right hand ground off, as well as the last phalanx of the index finger, and the half of the second phalanx. The palmar aspect of the tip of the middle finger was also lacerated. In this case, the thumb was amputated at the articulation, between the first and last phalanx, the index finger, between the first and second phalanx. The incisions were brought together by adhesive plasters and pledgets of lint, soaked in spirits of turpentine, placed over them, as well as over the wounds in the middle finger. He was directed calomel and opium, on the principle already advanced. The wounds healed kindly, and no bad consequences resulted.

CASE 4th. Mr. Smith, pipe fitter, aged 26 years, residing at 110, Orange street, New York, on the 2d of July, 1849, on coming down stairs, went into his private room, holding in his left hand, the brass key of the hall door, to examine an old pistol, which his nephew had requested the use of for the fourth of July. Not supposing it was charged with powder, he pulled the trigger; the charge went off. The key, which he held between the thumb and fore-finger, was placed over the muzzle of the barrel, was propelled with great force, wounding the thumb and striking against the stove, from which it rebounded, touching his ear in its transit, and breaking a pane of glass in the window. He soon experienced excruciating pains in the thumb, and fainted two or three times. On examination, a V-shaped wound presented itself on the palmar aspect of the thumb of the left hand, the apex corresponded to the metacarpo-phalangeal articulation, the extremities terminated at the articulation, between the first and last phalanx, the wound opened the joint, and the last phalanx was fractured at a point opposite the root of the nail. The slightest movements of the parts caused the most intense agony. Having adjusted the flap without washing away the blood, pledgets of lint, saturated with turpentine, were applied to the wound, a splint of pasteboard was placed on the dorsal aspect of the thumb, extending along the metacarpal bone to the top of the thumb, and secured by a roller round the wrist and thumb. Directions were given to keep the lint continually soaked with turpentine, which was easily accomplished by sponging it with the liquid in question. An anodyne draught was now given, and the strictest quietude enjoined. Two grains of calomel, combined with one of opium, were ordered to be taken night and morning. The patient was much relieved after the ad-

justment of the wound, and matters went on well until the 5th of July, when he complained of darting pains running up the fore-arm and arm from the wound, along the course of the median nerve. On visiting him the 6th of July, he said he had some difficulty in opening his mouth the evening before, and that he had pain in the left side of his neck. The mercurial fœtor, at this period, announced he was under the influence of mercury, which was discontinued; a purgative draught was administered, and an anodyne ordered at bed time. The dressing, for the first time since the accident, was on this day removed. The wound was clean, and free from coagulated blood; there was no attempt at union. A dressing, composed of equal parts of turpentine and olive oil, was now applied, and the parts done up as before. The patient continued to take an anodyne every night, up to the 11th of July, and the wound was treated as above described. The warm dressing was now discontinued, and emollient poultices ordered. One of the tendons of the flexor muscles protruded through the wounds, which caused some delay in the reparative process, as it took some days to slough off. However, healthy granulations next followed, when the poultices were discontinued, and the parts touched daily with a caustic wash, covered with dry lint and oiled silk. The wounded parts soon cicatrized. Mr. Smith has now the full use of his thumb.

The foregoing case is one of immense value. It is quite evident the nerves were greatly torn and contused, as well as the muscular and tendinous structures. The complication, caused by the opening of the articulation, as well as the fracture, rendered the case exceedingly perilous. I adopted the principle of Sir Astley Cooper, as nearly as I could, in rendering the case as simple as possible. It must be confessed, the premonitory symptoms of Tetanus had actually set in, and abated synchronously with the action of the mercury. I am fully convinced, had the case been treated on different principles to those relied on by me, that Mr. Smith would now be numbered among the dead. I am fully borne out in this declaration by the records of hospitals, as well as the experience of the most enlightened surgeons. I shall make no further remarks on the case, but leave every practitioner to arrive at his own conclusions. In conclusion, I believe every medical man is bound, as far as in him lies, to contribute to the general stock of knowledge, and no subject merits greater attention than the one under consideration, particularly in this city, where all kinds of machinery are so largely manufactured, as well as so extensively employed, both on land and water, and where wounds of the nature under discussion must inevitably occur. No greater boon, therefore, can be conferred on society, than to guard against the deadly invasion of the frightful disease commonly called lock-jaw.—*N. Y. Jour. of Med.*

MEAT BISCUIT—A NEW ARTICLE OF FOOD.

[Some account was given, a few weeks since, of a new preparation of wheat as an article of diet, lately brought into notice in London. The article was more particularly intended for invalids, for the use of whom it would seem, in some cases, well adapted. The following letter from Dr. Ashbel Smith, of Texas, well known in the political as well as medical world, relates to a preparation which promises to be of more general use; and, partaking of the nature of both the two general classes of daily food, and in a form concentrated and portable, would appear, from the description now given, to be a most important addition to our not very numerous preparations of food that will really *keep*. The letter is taken, much abridged, from a pamphlet just received from Galveston, in which Mr. Gail Borden, Jr., the inventor of the preparation, also describes it in a letter to Dr. Smith. Dr. S.'s letter is addressed to the American Association for the Advancement of Science, which holds a semi annual meeting in Charleston, S. C., this month. A patent has been taken out.]—*Bos. Med. Surg. Jour.*

Mr. Borden claims, as you will see, to have discovered a process for combining in a cheap, convenient and portable form, all the nutritive portions of animal and farinaceous food. His invention has the further advantages that all refuse, excrementitious and superfluous matters are rejected; and that the meat biscuit, for so Mr. Borden denominates his prepared article, can be preserved *fresh*, without condiments or preservatives of any kind, for years, and in all climates—care only being taken that it be kept dry. From several satisfactory trials, it is proved that Mr. Borden's process is equally adapted for combining any farina, any flour or meal, with any of the meats of the animal kingdom used by man for food; but he has hitherto confined himself to combining wheat flour with the flesh of neat cattle.

I have examined with careful attention, and have several times eaten of the soup made of the meat biscuit—but, before speaking further of its uses, I will briefly allude to the manner of preparing the biscuit in question. The nutritive portions of the beef, or other meat, immediately on its being slaughtered, are, by long boiling, separated from the bones and fibrous and cartilaginous matters; the water holding the nutritious matters in solution, is evaporated to a considerable degree of spissitude—this is then made into a dough with firm wheaten flour, the dough rolled and cut into the form of biscuits, and then desiccated or baked in an oven at a moderate heat. The cooking, both of the flour and the animal food, is thus complete. The meat biscuits thus prepared have the appearance and firmness of the nicest crackers or navy bread, being as dry, and breaking or pulverizing as readily as the

most carefully made table crackers. It is preserved in the form of biscuit, or reduced to a coarse flour or meal. It is best kept in tin cases hermetically soldered up; the exclusion of air is not important, humidity alone is to be guarded against. I have seen some of the biscuit perfectly fresh and sound that have been hanging in sacks since last July in Mr. Borden's kitchen; and it is to be borne in mind, that in this climate articles contract moisture and moulder promptly, unless kept dry by artificial heat.

For making soup of the meat biscuit, a batter is first made of the pulverized biscuit and cold water—this is stirred into boiling water—the boiling is continued some ten or twenty minutes—salt, pepper, and other condiments, are added to suit the taste, and the soup is ready for the table. I have eaten the soup several times—it has the fresh, *lively, clean*, and thoroughly done or cooked flavor that used to form the charm of the soups of the Rocher de Cancale. It is perfectly free from that vapid unctuous stale taste which characterizes all prepared soups I have hitherto tried at sea and elsewhere. These chemical changes in food which, in common language, we denominate *cooking*, have been perfectly effected in Mr. Borden's biscuit by the long-continued boiling at first, and the subsequent baking or roasting. The soup prepared of it is thus ready to be absorbed into the system without loss, and without tedious digestion in the alimentary canal, and is in the highest degree nutritious and invigorating. It is to be noted moreover, that the meat biscuit is manufactured without salt, pepper, or any condiment or chemical antiseptic whatever; thus the *freshness* or peculiar properties inherent to recently slaughtered meat, are preserved, and a simple and perfect guarantee furnished of the goodness of any particular parcel. To the soup made of Mr. Borden's biscuit, as already intimated, salt and the various condiments used in soups may be added to suit the taste; also, toasted bread, vegetables, &c., and circumstances permit and fancy suggests, until the varied catalogue of the *potages* of the restaurateurs may be rivalled.

The different portable soups and prepared meats for long voyages, which I have seen, only answer imperfectly the ends for which they have been designed. Being prepared more or less with condiments, these meats differ from freshly slaughtered animal food; they contain fibrous and indigestible portions, being more or less liquid in form, they are inconvenient to carry, and besides, thus necessitate the transportation of useless bulk. The meats put up for long voyages, in the manner just alluded to, are not wholly freed from fatty matters; these undergoing slight chemical changes in time, impair both the taste and quality of the food, into which they enter; nor are these meats so completely cooked as by Mr. Borden's double process of boiling and baking.

I might here insist on the very great conveniences of Mr. B.'s meat biscuit arising from its dryness. For long voyages it is best

preserved in soldered tin cases or tight casks: but it may be carried in sacks, suspended from one's saddle-bow, for weeks or months over the prairies, or through the desert, without risk of spoiling, using care to keep it dry; and when a case or cask is opened, it may be economized for days or weeks, according to circumstances; whereas the liquid portable soups and prepared meats must be at once eaten, or they soon spoil, especially in damp or hot weather.

As no condiments nor chemical preservatives enter into the meat biscuit, it retains, unchanged and unimpaired, all its qualities of freshly slaughtered meat; and, as already intimated, furnishes its own evidence and guarantee of soundness at the time of using.

As the meat biscuit requires only ten to twenty minutes to be made into a hot delicious soup, with the aid of fire and water only, its advantages for family use, for hospitals, at sea, and on long journeys over land, and wherever it is desirable to prepare food promptly, must be obvious.

We have thus, in the meat biscuit, an article of food, partly farinaceous, and partly animal, such as the system requires for long-continued use; it is easily preserved in all climates, seasons and circumstances—it is in a form the most concentrated and convenient for carriage—it is prepared with a little trouble, and speedily; by its cheapness it is accommodated to universal use.

The advantages of the meat biscuit, for hospitals, are obvious; a nice, cheap, fresh, invigorating and easily-digestible soup, can be prepared in a few minutes, at the moment, almost, when the taste and condition of the patient require it.

For private families, and especially small ones, and in the warm season, it is convenient by dispensing with the long hours of boiling required to prepare ordinary soups.

On long sea voyages, it furnishes at a cheap rate that indispensable requisite of health and preventive of scurvy, an occasional ration of fresh meat. But it is not for long voyages alone, to which it is adapted. Every one who has been at sea, knows the sparing use of fire on board ships. What could be more grateful, invigorating and healthful for the sailor, dripping with water and shivering with cold, than a bowl of hot soup, well seasoned with pepper, or other warming condiments; and how vastly more salutary than the ration of grog.

It has appeared to me that an invention, promising so much practical convenience and utility, deserves the examination and judgment of your learned association. I shall accordingly forward to Charleston, in time for your semi-annual meeting, next month, in that city, some of the parcels of meat biscuit placed at my disposition by Mr. Borden. It is also my intention to transmit others of the parcels to the American Medical Association, which will meet in Cincinnati in June next, for their examination and judgment.

FEMALE PHYSICIANS.

BY PAULINA WRIGHT DAVIS.

[THE following is an extract from a letter to the editor, written by a lady who has for several years been favorably known among us as a public lecturer to women on medical subjects. Whatever may be thought of the proposed plan of educating females for medical practitioners, and of having both sexes instructed in the same schools, the reader cannot fail to admire the honest enthusiasm of the writer in advocating it.]—*Bost. Med. Surg. Jour.*

Women throughout the country, such I mean as *think*, and have presumed that they had the right to do so, for themselves, are resolved to have those who are to be admitted into the sanctums of their sick rooms in the hour of their deepest trials, those of their own sex. And can they be blamed for a feeling so natural and pure in itself as this? No one who reasons for his own most delicate feelings will dispute the point. Man requires man's aid in his sick room, even when the gentler offices are performed by woman. Why, then, should not woman, who from her organization intuitively understands the throes of agony that her sister endures, not be the one to administer to her the healing draught? She knows also the moan of the sick nursling, and her heart dictates before the head has time to act.

I am prepared to speak confidently, from the experience that over four years' lecturing to women has given me, together with having given advice to over three hundred women, many of whom would have gone down to an early grave, such was the shrinking delicacy of their feelings, ere they could have spoken to a man of the nature of their sufferings.

Women *will be* physicians. The time has come for it, and neither art nor power will prevent it. Woman has never yet been foiled, when her heart was set upon a great object. If our eyes are put out, and our hands cut off, we are educating our sons and daughters, and we will teach our daughters to pray for eyes as soon as they can lisp. We do not ask or wish separate colleges, and there needs no argument to prove that in other sciences separate institutions are not needed; then why should the holiest, purest study taught to man be sexualized?

Our sons and brothers need the restraining, the purifying and elevating influence of women, when they go from home influences to the corrupting ones of the city. And it may be, that the lecturers themselves would find it salutary to have women present. A professor once said to me that he could not possibly give certain lectures if I were present. This gentleman was in no way remarkable for his delicacy. Of another professor, in the same city, I asked the privilege of attending his lectures. He assured

me it was impossible; that such was the state of morals among the students, that I would not be safe from insult, and that I would need the police to protect me. Not being fond of riots or conspicuousness, I pressed the matter no farther. But I was deeply pained, for in a few months these young men would have their diplomas, and go away to their future work, and lives would be in the trust of those who were too unprincipled to see and treat a lady with civility in the class-room. Two days after, another professor in the same city invited me to attend his lectures, and I accepted his invitation to some of his lectures, and was treated with all deference—not a look or action to offend the most delicately fastidious, if I except the loathsome one of tobacco chewing. In another college where I was invited by the president to attend some lectures, I found this last named practice carried to a very great extent; so much so, that I must needs pick my way through the aisle, and when seated, carefully raise my dress from the floor to prevent its utter ruin. The next day I found the silent admonition had taken effect; there was an improvement, and the students themselves expressed disgust at a practice so offensive to a lady.

I think that it is but just in me to remark, that, as an individual I have no complaints against the medical faculty. I have ever been treated by them with a generous courtesy, that has made me feel them my friends. The museums of colleges have been opened to me, private libraries and private instruction in dissection, aid and information freely given, for which in the past I have been deeply grateful, and of which, now in my retired life, I retain a most delightful recollection. I do not, and never have wished to practice medicine; but others do, and as a woman I enter into their sympathies, and speak earnestly for them. Yours truly.

Providence, January, 1840.

TREATMENT OF CHOREA.—M. Faivre d'Esnans mentions in the *Journal de Medecine et de Chirurgie Pratiques*, that he has obtained the happiest results from the prussiate of iron, in chorea and epilepsy, and he gives several cases where the cure was obtained in between four and eight days. He uses the following formula: Prussiate of iron, fifteen grs., extract of valerian, forty-five grs., make twenty-four pills. One pill to be taken three times a day, at six hours' interval, each pill to be followed by a wine-glass of infusion of valerian. The author was induced to try the prussiate of iron, from having seen M. Jourdes use it, at the Military Hospital of Strasburg, for intermittent fever. As he considers that both diseases (chorea and ague) have their seat in the medulla spinalis, he thought that the same remedies would prove efficacious in both complaints, in which supposition, according to his statements, he was not deceived.—*Lon. Lancet*.

Part 3.--Editorial.

PREVENTION OF TETANUS—OLD SCHOOL DARKNESS.

THE essay of Dr. O'Reilly, quoted in this no. of our Journal, furnishes a striking illustration of the general contrast between European Old School and American Eclectic practice. Dr. O'Reilly, in speaking of the prevention of Tetanus by the use of turpentine, says, "*The fatal results of Traumatic Tetanus prove, that up to the present period, there is no specific or certain plan of averting its evil consequences.*" Speaking of the suggestion of applying turpentine, he says, "*I am not aware that this valuable suggestion has been acted upon by any one up to the present time but myself.*" If it be true then, as this "Fellow of the Royal College of Surgeons" affirms, (and his essay has been published without comment or contradiction,) that the members of the Old School medical profession are confessedly unacquainted with this mode of preventing Tetanus, up to the present time, should not a righteous indignation be aroused against an influence—an organization, thus traitorously negligent of the lives and welfare entrusted in their hands? We do not condemn, indiscriminately, all Old School physicians, but we do affirm, that the unholy combinations of the medical profession, and their unprincipled schemes, for the suppression of free investigation—their overbearing arrogance in defence of stupid error, and their malicious persecution of bold and liberal minded men, do constitute, not only an offence, but a crime against mankind, and that, just in proportion as each individual physician, by act, word, or consociation, contributes to maintain this organized tyranny over science and benevolence—just to that extent he is guilty of offence, and responsible for the deaths of those unfortunate human beings whom a more rational practice would have saved. In the present instance, for example, somebody must be responsible for the numerous deaths and amputations in consequence of traumatic tetanus, which have occurred since the requisite knowledge for the prevention of such results has been in existence. Who is responsible? Most unequivocally those who have closed their eyes to the light, and refused to deviate from a death dealing practice, notwithstanding its sad results.

Among American Medical Reformers, the prevention of Tetanus by turpentine applications, has been the regular course of practice, familiarly taught in our colleges, and carried out in our practice, for fifteen or twenty years past, and for aught we know, for a much longer period. This new idea of Surgeon O'Reilly is emphatically an *old story* with us, and is beginning to yield to more recent improvements. The application of a strong solution of table salt and tincture of camphor to lacerated wounds, has produced results in the hands of our surgeons, at which Old School practitioners look on with amazement. The wounds heal with scarcely any constitutional disturbance or suppuration, almost as if by first intention. A terrible lacerated wound of the hand has just been relieved, by Prof. Hill, in this manner. Another favorite and successful application, is the sudorific tincture, (prepared without opium,) composed of Camphor, Cypripedium, Ipecac, Saffron and Serpentaria. Under this application, a terrible crushing wound of the foot, produced by a weight falling from a great height, was cured by Prof. Morrow, a few years since. Dr. Mussey was about to amputate the unfortunate member, when the professor of *the true healing art* was called in, and not only dispensed with the use of the knife, but restored the limb to a sound and useful condition.

Not only is the Old School profession thus lamentably ignorant as to the *prevention* of Tetanus, according to surgeon O'Reilly, but we know from all their writings, a lamentable ignorance prevails in reference to its cure. Governed by the most puerile prejudices, they still continue ignorant of the properties and value of the *great American antispasmodic*—LOBELIA, and several other remedies and agencies, without which the treatment of Tetanus, Hydrophobia, and similar diseases must continue to be a sad history of failures, blunders and pompously learned ignorance. B.

MEDICAL SCHOOLS.

OUR colleges are undergoing changes in different quarters. The Ohio Medical College is still in a dormant state. Several of the most distinguished American physicians are withdrawn from active service, reposing upon their laurels. Dr. CALDWELL, of Louisville, and Dr. DRAKE, of Cincinnati, are no longer professors.

Dr. DUDLEY, of Lexington, has resigned, and been appointed an emeritus professor. Dr. CHAPMAN, of Philadelphia, has also resigned, and been made an emeritus professor. Dr. DICKSON, of New York, has resigned, and returned to Charleston, South Carolina, on account of his health. A slight change will also take place in the arrangement of the chairs of the Eclectic Medical Institute, which will be announced in our next number, and which, we hope, will tend to increase the general efficacy of the school.

The faculty of the Lexington school have removed to Louisville, and are trying to share the benefits of the hospital with the Louisville school—a hot contest is springing up between them.

The Reformed school of Louisville is organized, and has announced professors for all departments but chemistry. The faculty are as follows:—Dr. J. BREMAN, (practice of Medicine)—Dr. J. H. JORDAN, (Surgery)—Dr. A. H. BALDRIDGE, (Obstetrics)—Dr. GILMAN, (Anatomy)—Dr. C. J. CHILDES, (Materia Medica)—Dr. WALTERS, of Covington, Kentucky, (Legal Medicine and Natural History.) These gentlemen are well known as Medical Reformers and good practitioners. Dr. Gilman is a Homœopathic practitioner, formerly of Ohio. Dr. Baldrige is well known as a teacher, having been professor of obstetrics several years in the Eclectic Medical Institute of Cincinnati. The other members of the faculty have not heretofore tried their abilities as teachers. They have able and veteran teachers in the Old Schools to compete with, and we hope they will hew their way to distinction. It was suggested in Kentucky, as an argument against the establishment of a reformed school at Louisville, that as the Eclectics had ruined the Ohio Medical College, an influx of Medical Reform into Louisville, might prove equally fatal to the great Kentucky school. And why not? If the unflinching presentation and demonstration of medical truths, which is made in the Eclectic medical colleges, does not in time overthrow all the resistance of Hunkerism, it can fail only because the public intelligence is too slow in its operations to appreciate truth. We bid our friends God-speed, and we feel assured that they will not falter in the noble task which they have undertaken.

The Homœopathic College of Cleveland, has announced its faculty, consisting of Drs. C. D. Williams, L. Briggs, L. Dodge, A. H. Burritt, E. C. Witherill and Hamilton Smith, A. M.

CHOLERA IN CINCINNATI.

WE have had a remarkably healthy season upon the whole, but for a few days prior to the 25th of June, some mysterious atmospheric change came over us, and produced a sudden development of malignant cholera. During these days, we learn that electric machines were unable to operate, and the telegraphic were sensibly impeded in the performance of their usual business. On the 25th, the disease subsided—the wires performed with their usual facility, and the machine gathered electricity with facility. The number of deaths is not known—probably as many as thirty or forty altogether. Among those whose loss we have to regret, we cannot omit to mention with sad emotions the death of our friend, Dr. T. M. LARG, a graduate of the Institute—a gentleman of fine literary attainments, and of philosophical mind. Dr. L. led a life of scholastic simplicity and disinterestedness. Having but little ambition or decision of character, he had never fairly put forth his powers, and his worth was known to few.

His death was partly owing to the same causes which retarded his progress in life. For want of decision of character in reference to himself, he neglected to attend to his case in a prompt and efficient manner, and failed to carry out, with sufficient energy, the necessary remedial measures, until his feeble vitality was overpowered beyond all hope. How often, indeed, do we find feeble constitutions overpowered in this manner, by this sudden and insidious disease? We presume the disease will not become an epidemic of any importance, at least—it seems to have abated, but cases are still occurring.—B.

PROF. HILL'S SYSTEM OF SURGERY.

WE have now the pleasure of announcing that this valuable work is published, and will very soon be placed in the hands of subscribers. It makes a large volume, (of 670 pages and 140 engravings,) admirably executed in point of typography and binding, (in which respect, we believe it is not surpassed by any similar work that has ever been published in our country,) and is altogether as a rich repository of professional knowledge—a book which the Eclectic Medical Reformer may place upon his shelves with a feeling of gratification and pride. All we should say is to recommend each of our readers to procure it as speedily as possi-

ble, and if they have any Old School friends who are are capable of being enlighteneded, to induce them to purchase a copy. There are many independent practitioners in our country who are not formally known as Eclectics, but who are possessed of a spirit of reform. If our friends would take pains to bring this work before them, they would render a valuable service to the great cause.—B.

NOTICE AND EXPLANATION.—In the prospectus of Hill's Surgery, that appeared in the last two numbers of the Journal, it was stated that this work would probably contain about 500 pages, with 100 illustrations, and be through the press early in June. In explanation of the delay that has occurred, Prof. H. wishes to announce that he has found it desirable, during the progress of the work through the press, to have nearly half as many more engravings executed, than he promised, and to enlarge the work, (probably to 670 pages). He hopes that *this* will be received as a really good excuse—particularly as he does not design, (for the present, at least,) to increase the price. He expects to be able to prove that original works can be published for less than is now charged for some mere reprints of a smaller size, and less expensive character. L.

June 15, 1850.

TO SUBSCRIBERS.—It was also promised in the preceding notices, that the work should be sent by express, *mail*, or as directed by the subscriber; and several subscribers have expressed their anxiety to have it sent immediately "by mail." Unfortunately, however, it now appears that books are chargeable with *letter*-postage. This, at ten or twenty cents to the ounce, would amount to from three to six or eight dollars according to the distance. So the post-office has decided, unjustly, it is believed. There is no good reason why printed books should not be carried cheaply by the public conveyance as well as newspapers and pamphlets—and literature be thus promoted as well as trade and politics. Surely, the knowledge that large or "bound" books diffuse is at least as important! Not presuming, therefore, that many subscribers will be willing to pay triple or quadruple the author's price, no copies will be sent by mail, unless *again* expressly so ordered, (regardless of expense). All will be sent by express, to places near the subscribers' residences—due notice being sent them individually.—H.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. II.]

AUGUST, 1860.

[No. 8.]

Part 1.---Original Communications.

TREATMENT OF FISTULA, &c.

Editors of the Eclectic Medical Journal:

If you consider the following case worthy of insertion in your Journal, it is at your disposal.

On the 25th of August, 1848, in company with Dr. Evans, I was called to visit Mr. John Hogan, of this county, who, as he informed us, had been laboring under an attack of Hæmorrhoids and Fistula for several years. Upon examination, a large pile tumor, more than an inch in diameter, was seen, filling up almost the entire anus, and preventing, in a great measure, the passage of fauces. No signs of Fistula were discovered at this examination, except a small teat-like projection about a inch from the verge of the anus. No orifice could be discovered after the most diligent search with the probe. The patient, however, stated that this had once been pretty sore and swollen, and that matter was discharged; and also, that matter was occasionally discharged from the rectum, though unattended with any painful sensation. From the symptoms, I was induced to believe that if the Fistula existed at all, it was an internal one, and not in an active condition. Subsequent examination, connected with treatment for the Hæmorrhoidal tumor, completely removed any doubts I may have had upon the subject, and developed both an internal and external Fistula; or in other words, opened both ends of the pipe.

But to return to the tumor. This commenced at the anterior edge of the anus, resting upon the perineum, and extending more than an inch up the rectum, though not so high as to be embraced

by the sphincter muscle. The inferior portion was of a livid color and rather soft, occasionally discharging blood. The superior was very hard, resembling cartilage to the touch. Constitutional symptoms were great hepatic torpor, costiveness and a harsh, dry skin. Dyspepsia was a constant attendant. There was no cough, or any indication of pulmonary disease. His age was sixty-three; of rather full plethoric habit, tending somewhat to apoplexy, previous habits rather intemperate. He had been treated by several physicians in the progress of his complaint, and had concluded before he saw us, to go to Louisville to consult an M. D., who resides there part of his time, distinguished in such cases, but wanting the magnanimity of soul to acknowledge his medical paternity.

However, he agreed to put himself under our care, upon the assurance that we could relieve him, and as the weather was very warm, the treatment was postponed for awhile, to accommodate his feelings in this subject. Three modes of treatment presented themselves: the knife, ligature and caustic. Their merits and demerits were attentively considered and explained to the patient, who, against the advice of some of his Old School friends, chose a combination of the two last as offering the surest method of relief.

The local treatment was as follows;—Caustic potash was applied daily to the tumor, while the neighboring parts were preserved from injury by sponges or pieces of cloth. This was followed in each case, by a poultice of *ulmus fulva*, secured to the part by a T. bandage. Under this treatment, there was soon a separation of sloughs, and the tumor evidently began to diminish, even in parts unaffected by the caustic. In the application of caustic we had to use a great deal of caution, lest his brain should become affected, as it certainly produced evident symptoms of cerebral disturbance, caused, no doubt, by the intense pain; hence, but a small quantity could be used at a time. After this application had been kept up for sometime, and the tumor was almost destroyed, another phenomenon presented itself. The little tea-like projection that I have mentioned, began to look red and swell, and become very painful; matter formed and was discharged, and now the *Fistula* was manifest. As soon as the pain and swelling had subsided under the application of poultices, new remedies were applied to the tumor and pipe. Lint filled with vegetable caustic, was applied to the tumor, and the orifice of the pipe was widened and deepened, with tents of the same material, charged with the caustic. Injections soon began to pass entirely through the pipe, and the internal orifice was found to be at the superior edge of the base of the pile tumor, in such a position as rendered its detection almost impossible, during the other's existence. The sympathetic effect produced upon its internal orifice, no doubt,

caused pain, swelling, the formation of matter, and its ultimate discharge by the external orifice. The treatment now adopted was vigorously pursued. Larger tents were introduced, armed with caustic, until the pipe became sufficiently large to admit the ligature, which was passed through and confined by a smooth piece of poplar, which placed longitudinally, was easily kept in its proper position, and a few turns made upon it each day, so as gradually to lighten the ligature. The patient jocularly remarked "that the ligature was his fifty-six swung to him to keep him trim." In a few days it had cut through. Lint and caustic were now applied, and the whole covered by the black salve, secured by a compress and T. bandage. The caustic rapidly destroyed the callous formation, and in about three weeks after the introduction of the ligature, the parts were entirely healed.

During the entire course, the bowels were kept open by mild cathartics, and the hepatic and intestinal secretions corrected by pills of Hydrastis, alternated with the alterative syrup. The surface was occasionally sponged with the alkaline bath. No other constitutional measures were used. The patient has been entirely well for fourteen months, and says that he enjoys better health than at any time for the last fifteen years.

The treatment commenced in September and ended the last of the following March. Part of the time, I was in attendance upon the winter lectures, during which period, very little was done by either patient or physician towards a cure, nor was the proper attention paid to the dressings in the interval between our visits, else, I am certain, the cure could have been performed in a much shorter time. As it is, it is a triumph of medical reform, and adds another evidence to the inutility of the knife in most surgical diseases.

Yours sincerely,

GEO. H. HUTCHINGS, M. D.

LOGAN, Co., Ky., June 26, 1850.

THE CUBAN EXPEDITION.

DR. J. C. BATES—a recent graduate of the Institute, having accompanied the recent unfortunate Cuban expedition, the following account of the affair, received in a letter from him, will prove interesting to his friends and former fellow students.

"We left the Georgiana about the 16th or 17th, bound for Cuba. Every heart leaping for an opportunity to crack a musket. The morning of the 19th, we arrived in the Bay of Cardenas. Creeping along silently and imperceptibly, we were at the wharf about 2 o'clock, A. M. Not having met with as fine a landing as we expected, in consequence of low tide, we were perceived by a spy, who immediately gave the Governor the intelligence of our

arrival, and he immediately expressed to Matanzas. Landing, we took possession of the cars, detaching a company of men to take possession of the rail-road depot, about two miles from Cardenas. We slowly marched up the main street, and arriving opposite the prison, we were hailed in Spanish, ("who comes"); not being answered, we were saluted more forcibly, by a volley of musketry from the grates of the prison, which was returned with warmth. I must here state, that I had attached myself to a company, in order to experience the odoriferousness of burnt powder, and try my nerve, until I should be called to the wounded. I was in the company that was marching up town, that received the first volley, which caused me to sing out, "well this beats the Devil boys—this is the elephant all over,"—one of our own men shooting my eye-brows and burning my eye-lashes at about this time. I then began to feel some fear from being shot by some of our own men, and I dodged, by way of stooping, that they might shoot over me.

Succeeding in opening the doors of the prison, we took it; during which time, an active engagement ensued at the Governor's house, where the Spanish troops were shooting from off the square built roofs of the houses. Finally, firing the house, we routed them, taking the Governor, Lieutenant Governor and some thirty prisoners. Shortly after, the town was in our entire possession—and here let me remark, that a braver and nobler set of men could not be found, than those engaged in the morning battle—but the sequel is yet to come. During the day, after things had become quiet, the regiments, called the Mississippi and Louisiana, were strolling about town, in any other form than became military men on such an occasion. They seemed to rest with entire confidence. The Kentucky regiment being the only one that maintained its place. When at about 11 o'clock they were permitted to take some refreshment. During this time, several things transpired, such as liberating the prisoners in chains—taking the iron chest, with some eighty doubloons in it—the Spanish soldiers leaving off their uniforms, and putting on the "*red shirt*," cockade &c., and falling in ranks. About 3 o'clock, P. M., active preparations were being made for us to go down on Matanzas, by the cars, all the munitions, &c., being put on the cars—companies being drawn up in line, that is, those that were yet on shore, (the Mississippi and Louisiana regiments, having in the mean time retired for security in the boat, from which no appeal seemed sufficient to call them on shore). About this time, news came that a force of some eight thousand were marching down on us, in order to crush us at once, having learned our force, which was only six hundred. Time passed—all the munitions were ordered on board, that being done by negroes, citizens, and such of the Louisiana and Mississippi regiments as saw proper. The Kentucky regiment was drawn up in line to retire to the boat, when we were fired on from several points at the same time—from behind houses, &c. Repelling these

we discovered a charge of lancers. We fled with some precipitancy, to prevent another corps from cutting us off from the boat and those who felt so secure in her hold. Col. Bunch, as I am informed, being their gallant commander. We received the lancers in fine style, pitching rider from horse, most beautifully—then came the second charge, which we welcomed in the same manner, leaving but one to relate the fate of his comrades. In the rear of these charges, we discovered a body of infantry, apparently ready to follow the daring lancers, expecting which, we formed to receive them, and after waiting for their approach some two hours, without the pleasure of greeting them, we silently embarked, for the purpose of landing at another point of the island. By this time, the gallant spirits, (so I am informed,) raised quite a row, and swore the boat should not land but at Key West. This order prevailing by the majority, we accordingly sailed for this place. But before striking the port, General Lopez begged the men to let him land on Cuba, and as many Americans as chose to follow, with his staff and Spanish soldiers, who came over to his standard in Cardenas; but his entreaties were in vain; his opposers became the more earnest in their demand, and by force we were brought to this port. Before getting in, however, we came in sight of the man of war, Pizarro, who gave us chase for some twelve miles, not being able to overhaul us. I should have stated, that soon after we left the wharf of Cardenas—three hours after—the steamer Pizarro arrived there: finding us gone, she set out for Key West, and we having ran on a sand-bar, she passed us going in and coming out—ran ahead of us to Key West, and was returning when we met her. The Florida Reefs being between us, which, together with the movements of the pilot, to keep her from us, proved our temporal salvation. On our arrival at this place, all was excitement, confusion and bustle. The Spaniard lay here in the harbor a day and night, with great apprehension, for fear we would bring down the cannon from the barracks and give him a burst. Receiving a dispatch, by a smack, from Havana, he raised steam, took the smack in tow, and set out. The main officers that were left here, and those the authorities could get, were arrested. The Creole was seized, &c. This ends the affair. We had in killed, 8 or 10—wounded, about 12 or 15—missing, 6. I have concluded to remain on Key West for some months. I have under my charge seven of the worst wounds. I took them after gangrene had commenced—the tibia and fibula being entirely comminuted, in two cases—the humerus in another—the os calcis being entirely shot away in another—the others are flesh wounds, they are doing well—recovering finely. I have some practice, since my arrival here, among the citizens—have some eight or ten cases very flattering, considering all things. I will remain here, until I see how this “ball” will terminate, as I feel that I could swing a cotillion in it yet.”

PHARMACEUTIC CONTROVERSY.

[In publishing the following communication, we merely follow the usual rule among editors, of giving fair play to the parties in any controversy, and giving a place to those who have been refused a hearing where they have been assailed.]

CINCINNATI, July 1, 1850.

Professors Buchanan and Morrow:

DEAR SIRS:—In the July number of the Physo-medical Journal, appears an article from the pen of Professor J. Brown, of the firm of "Drs. Hill, Crutcher & Co.," entitled "New Features in our Pharmacy," in which I feel that myself and others are unjustly and unnecessarily assailed, and have deemed it a duty I owed, to myself at least, to notice the article, with the view to counteract, as far as possible, any undue influence it might possibly exert on the minds of its readers. I prepared the accompanying communication, and requested Professor Stockwell, the editor of the Physo-medical Journal, to give it a place in the August number.

He refused to publish it, which, if not a "new feature in Pharmacy," is at least, a "new feature" in a reform journal and a reform editor.

Will you do me the kindness to insert it in your journal, and you will greatly oblige

Yours very respectfully,

H. J. CANNIFF.

Professor Stockwell:

THROUGH you I ask the privilege of calling the attention of the readers of your journal to an article entitled, "New Features in Pharmacy," in the July number, from the pen of Dr. J. Brown, Professor of Botany, Materia Medica, &c., &c., in the college with which you are connected, and to an article from your own pen, bearing on the same subject, in the June number. From the tenor of your article, many would draw the inference, that to Professor Brown, belongs the credit of originating, the idea and process of reducing the articles of the Botanic Materia Medica to their present concentrated form. That such an impression was intended by you, to be made upon the minds of your readers, you have disavowed, but that the intention of the writer of "New Features in our Pharmacy," was to make that impression, no sane man will dispute; it is too plain, too manifest to be mistaken.

As the preparation and use of these "concentrated medicines," is a matter of the deepest interest, not only to the physician, but to every son and daughter of suffering humanity, and as the writer

is also engaged in the manufacture of this class of medicines, and considers the article of Dr. Brown, of a character too personally abusive, and calculated to mislead the public, in order to state the facts, and for self-protection, he is reluctantly compelled to notice it, premising however, that he believes it would have an influence, but for the borrowed weight its appearance in your paper clothes it with.

Both in and out of the Physo-Medical College of Ohio, I have been taught to believe that the principles of Pharmacy, in their adaptation to articles, as well of the botanic as the mineral kingdom, had an existence long prior to the days of any of its present teachers, and such being the fact, Prof. Brown is robbed of the credit of being styled the father of Pharmacy. I most emphatically deny, that to Prof. Brown belongs the credit of the first discoveries of the concentration of any of the leading articles of our (the Botanic) *Materia Medica*. I have been informed that a few of these articles were prepared on a small scale, merely, however, by way of experiment, many years since, in the East. It is a well known fact, that Wm. S Merrell, Druggist, corner of Plum and Court streets, of this city, manufactured Podophyllin, Macrotin, &c., two or three years ago, and that these articles have been used to a greater or less extent by physicians of the Eclectic school since that time.

In the Fall of 1849, Messrs. E. S. McClellan & Co., constructed a laboratory for the preparation of "concentrated medicines," and introduced Podophyllin early in December: their medicine met with the favor of all who tried it, and was pronounced good, very good. They sold out their establishment to "Drs. Hill, Crutcher & Co," alias, Dr. J. Brown, and Dr. McClellan and the undersigned have got up a new laboratory, and are manufacturing medicines which cannot be surpassed. We understand sufficient of the "first principles of Chemistry and Pharmacy" to enable us to do this. When our own knowledge fails us, we can command the knowledge and advice of as good chemists and pharmacutists *as some pretend to be*. I will state that I was not one of the old firm of E. S. McClellan & Co.

Among the many useful formulas given by Dr. Brown, during the course of his lectures on *Pharmacy* last Winter, although, by the way, he wandered from his own sphere, to give us those formulas, he gave us no instructions relative to the mode—so far as my notes show—in which these "concentrated medicines" are obtained, but he did say that "Podophyllin is a *deadly poison*, and should never be exhibited under any circumstances, as a remedial agent." This was said before he engaged in the manufacture and sale of Podophyllin, but forsooth, it has lost its deadly poisonous character, in virtue of his manipulations, and the new name he has given it.

I will say to the profession, that E. S. McClellan & Co.—the

firm being composed of Dr. E. S. McClellan and the writer, who has a diploma, received from the hands of Prof. Brown, one of the faculty of the Physio-Medical College of Ohio—are engaged in the manufacture of “concentrated medicines,” to which we solicit the attention of all, and very respectfully say, that we court a comparison of our articles with those of Dr. Brown, sold by “Drs. Hill, Crutcher & Co.,” and we fearlessly assert, that our articles are as good, if not better, in efficiency of action, and much more beautiful in appearance. There are but three concerns so far as I know, engaged in the manufacture of these medicines, and the following language cannot apply to Mr. Merrell, for he has long been “embarked in the business;” it can apply in all its sublimity only to us.

“In the meantime, let practitioners beware of impositions, for it would seem that every *fellow*, who can raise three dimes, is embarking in the business of concentrating medicines, not so much with the view of improving the character of medicines as to get the dimes.” Some there are, who have engaged in the business, who are ignorant of the first principles of Chemistry and Pharmacy.

I copy the paragraph, to show how mean and hateful the spirit of monopoly, or the desire to monopolize, appears, and more strikingly, when it is manifested by a professor and teacher in a medical college.

Gentlemen of the profession, like many of yourselves in the beginning, we are poor, we solicit your patronage; encourage us, and you shall have good and pure medicines, unadulterated with even “coloring matter.” In the language of Scripture, try all things, hold fast that which is good. Try our medicines; judge for yourselves, and if they fail you, pronounce them impositions and ourselves impostors, but don’t take the ipse-dixit of Professor Brown or any other man, that our medicines are “impositions,” in advance.

H. J. CANNIFF, M. D.

Please send your orders to E. S. McClellan & Co., North side Longworth, West of Park street, Cincinnati, Ohio.

Messrs. Editors:

In connection with the drug mills and laboratory of E. S. McClellan & Co., purchased by Drs. Hill, Crutcher & Co., as referred to in the preceding article, (by Dr. Canniff,) there were also about one hundred ounces of Podophyllin, which, as we are informed, was put up and sold by them under the new name—Ext. Podophylli!

Query: Did the new name “expel” all of its “deadly fumes,” and cause it to retain “the chemical relations existing between the proximate principles of the plant?”

E. S. McCLELLAN.

Part 2.---Miscellaneous Selections.

NEW PREPARATIONS OF VALERIAN.

BY A. K. GARDNER, M. D.

IN regard to no part of the science of medicine, are the opinions of practitioners so diverse, as on the value which they assign to the various agents employed in the cure of the diseases of mankind. Much unjust opprobrium has fallen upon the profession on this account; and the oft-quoted remark, that "doctors differ," comes from those who, because different remedial agents are employed by different persons, erroneously suppose that the two have a different view of the disease. They cannot see that to arrive at the same place, one traveler may choose a horse and another a mule, and yet each follow the same route. Sometimes, indeed, a different theory may cause different treatment. One may consider erysipelas as a disease of plethora, and may use the lancet, and depletions; another, considering a disease produced by debility, will give quinine and stimulants.

But the object of this paper is to say a few words in regard to the *Radix Valerianæ*. This plant is indigenous in Europe, where it is found growing abundantly in the damp woods and meadows, as well as upon the dry and more elevated grounds. But though it is found growing naturally all over the continent, it does not seem to arrive to such perfection as in England. And it is from thence that our supply is principally obtained. Holland produces a little, which is occasionally seen in our market. There is, however, a very marked difference in the appearance of the roots of these two varieties. The Dutch is much smaller, shrivelled and stunted in its appearance; of a much darker color, and possessing far less of the peculiar smell which characterizes this plant. It has always been considered as possessing less virtues than the English.

Within a very short time—possibly three years—a very limited supply of still a third variety, has been offered in our markets. This may be called the American. Valerian is not a native of this country, as has been stated. Its presence, therefore, deserves some explanation. Some years since, Messrs. Brinley & Co., of Boston, imported some of the living root from England, and placed it in the hands of the Shakers, at Enfield, New Hampshire. It is from this germ that the American Valerian of our market is pro-

duced. Whether from the favorable character of the soil and the climate of this country, or from the care bestowed upon it, by the skilful farmers and agriculturists of this fraternity, I know not, but from either or both, has sprung up valerian far superior in its appearance to the best produced in England. Perhaps the *Valeriana Officinalis* is not cultivated in England, and that the difference in its appearance may have arisen solely from the care which has been bestowed upon it. The most careless glance at the two varieties, shows a marked difference, and in favor of the American. The root is clearer, of a more yellow or brown color; the cylindrical fibres are longer, larger in circumference, and freer from knots, and presents none of the knobby gnarled appearance which characterizes the Dutch, and is more or less observable in the English specimens. In addition to this, the aroma is far more fresh, freer from any musty additions, and in strength is allowed to be certainly as strong, if not superior to the English. So much for the sensible qualities of the American article.

In regard to the medical properties, the superiority which it is shown to possess over the English, is not more apparent than will be seen on comparing their intrinsic virtues.

Valerian is characterized as a mild stimulant, with especial direction to the nervous system, but without narcotic effect. Various diseases have been supposed to have been benefited by this root, but its use has lately been limited to spasmodic and nervous complaints. It has been administered in powder, but used in that form, it has irritated the alimentary canal. Given in infusion, a large portion of its virtues, which consist in a volatile oil, escape. The most common form is the tincture. This preparation has been found of most uncertain value, partly from the depreciation of the root while drying—from the injury it receives in exportation, but more from the fact that the alcohol extracts other qualities, which not only render the extract less efficient, but also produces nausea and gastric derangement. To obviate all the objections, the Messrs. Brinley have made a fluid extract from the green root, before any part of its virtues have been evaporated, and have thus been enabled to present to the profession a most valuable medicine, possessing all the virtues of all heretofore made preparations, in an increased degree, without the qualities which detract from the value of the powder and the tincture. Having used the preparation quite extensively for hysteria, nervousness resulting from masturbation, delirium tremens, &c., (were it necessary I could give numerous cases,) I am prepared to express my firm belief in its superiority to any form of valerian which has been before presented to the community. In this opinion I am supported by the profession generally, in New England, where this preparation is in daily use, and by some of the most eminent of the physicians of this city.

The following is from A. A. Hayes, the State Assayer, which give the analysis of its ingredients. Some recommendations follow, from various distinguished professors in New England.

"Oil of Valerian as furnished by Elder Parker. May 6, 1849. Lowell.—This oil, of a light yellow color, contains valerianic acid, a neutral body, besides a volatile oil of a valerian. After exposure to air and moisture, an interchange of the elements takes place, a crystalline body appears, while the quantity of valerianic acid is increased.

"The crystalline body appears, by the analysis of Adolph Schliesser, Esq., to be new. In its general character it resembles Camphor, but differs from Borneol and Valerol, in chemical properties. Purified by solution in alcohol, and precipitated by water, it presents delicate, prismatic crystals of a snowy whiteness. While cold they are nearly odorless, with a slight aromatic, very bitter taste. This substance is volatile, and when heated has the odor of valerian oil. It melts into a perfect fluid, which becomes a crystalized mass on cooling.

"The specific gravity of well-formed prismatic crystals is at 60 F. 1033 to 1055, while the solid crystalline masses are suspended in a fluid of Sp. Gr. 1076. Slowly heated, fusion takes place at one hundred and ninety-eight and four tenths degrees F., to one hundred and ninety-seven and seven-tenths degrees F.; the transparent fluid remains, when cooled, to 195 degrees F., but as it passes to the solid form, the thermometer marks 196 to 197 F. Below 180 degrees the vapor rises rapidly, and condenses in frost-like, delicate, needle prisms of extreme purity. It is probable that the neutral body referred to above, is connected with the production of this new Camphor, but as yet experiments are wanting. Mr. Schliesser prefers to get more complete determinations, before he gives the results of the ultimate analysis he has made.

"The oil as obtained, contains all the medical constituents of the root, and in practice has been found to be identical with some fine samples of French manufacture. Indeed, the use of the natural fresh root for its production, insures a very perfect product, while the process is the result of the labors of all the eminent chemists who have studied the product of valerian to the present time."

Prof. Phelps, of Dartmouth College, speaking very highly of its efficacy, says:—"In your method of preparation, the active principle is detached from the nauseating constituents of the root, and obtained in solution. We may look upon the Fluid Extract, as a solution of valerianic acid." Prof. Cleaveland, of Brunswick College, says:—"It contains the active, medicinal principle of Valerian in a purer, more simple and concentrated state than any other preparation of the root with which I am acquainted." Dr. Stedman, of the City Institution, Boston, says:—"In many cases

where opium is inadmissible as a narcotic, anodyne, or antispasmodic, this Extract of Valerian seems to answer the indication quite perfectly." Professors Mott and Parker, of this city, have also expressed their good opinion of this preparation. It is confessedly a simple extract, made by boiling the fresh root in per-water, with the addition of a little alcohol as a preservative. From the trial which I have given it, I am convinced that it will be found to supercede the use of assafoetida, musk, camphor, castor &c., in a great degree. In the majority of cases, I have found that from twenty drops to a teaspoonful, is an ordinary dose repeated as often as every half hour if necessary. In delirium tremens, much more can be advantageously administered.—N. F. *Jour. of Med.*

MEDICAL EXPERIENCE

With Indigenous and Naturalized Plants, Official and Unofficial, by the United States Pharmacopœia. By R. P. STEVENS, M. D., of Ceres, Pa.

Artemesia absinthium. (Wormwood.) A useful tonic, of considerable power, in the cure of ague and fever of miasmatic districts. It has, in a number of cases, and once in my own, succeeded, where sulph. quinine failed.

Cochlearia armoracia. (Horseradish.) A grateful stimulant in atonic dyspepsia. In this disease, I have used it with the most pleasing effects. I have also used it as tonic, in the cure of intermittent fever. In my own person, I prefer it to cinchona, or its alkaloid quinia.

Calamus aromaticus. (Sweet Flag.) After many years' experience with this highly useful stimulant, I give it the preference over all other carminatives. I use it in catarrhal coughs, after the following formula:—R Fresh calamus sliced, 3j; sugar-house molasses, Oj; boil sufficiently to candy; then pour into shallow moulds. This medicated candy, is far superior to Pease's, Jarvis' and all "other cough candies" that I have used.

Cimicifuga racemosa. (Black Cohosh.) I make great use of this plant, in the treatment of articular rheumatism. I consider it especially useful where the joints are swollen. My preference is for the saturated tincture. Its powers are much increased by the combined use of iodide of potassium. I have known cases to yield to this combination, which had resisted all other treatment, and where calomel and opium, with guaiacum, had been pushed to the repeated constitutional effect of the mercury. In neuralgia of the uterus, after repeated experiments, I give it a high rank, fully equal to the tincture of guaiacum of the Dewees formula.

Eupatorium perfoliatum. (Boneset.) I should not speak too highly of this plant, if I should say that I hold it in greater esteem than any other of our indigenous plants. In the commencement of common colds, it rarely fails, when given in full doses of the decoction, to break up the complaint; and the half-frozen, trembling, coughing, sneezing patient, finds himself happily relieved, from one night's dosing, and the next day ready for his accustomed business.

In epidemic influenza, when combined with Pulvis Doveri, I hardly use any other remedy. This present season, during the prevalence of an influenza, I have prescribed it in over one hundred cases, with the most happy effect.

In the influenza of 1841, '42, (Tyler Gripes, as it was facetiously termed,) I used it with the same happy effect. I consider it especially useful in removing the deep-seated pains and internal soreness, and pain in the bones, which the patient so loudly complains of. In this disease, its diaphoretic and sudorific powers are preferred to its emetic power.

In the first stages of miasmatic fever, I frequently exhibited it, to full emesis, using the decoction, and adding ipecac, if its emetic powers are not speedily enough developed.

In that slight congestion of the hepatic system, which will precede for days, oftentimes, an attack of miasmatic fever, a congestion, frequently attended with acid eructations, and a sense of fulness in the epigastrium, and tenderness on pressure in the right hypochondrium, full emesis will often restore the function of the liver, to a healthy state. During ten years' residence in a malarious district, where at first I trusted to calomel and blue mass to relieve myself of these hepatic congestions, I afterwards learned to trust to the virtues of this plant, and almost to consider it, for myself, a specific.

A cold infusion of it is a useful tonic, and corroborant to the stomach in its debilitated state, during convalescence from remittent and intermittent fevers. A prolonged use of the infusion, has, in a number of instances, succeeded in the cure of Ptyriasis.

To my regard for this plant, full justice would require an *article*, and that is not my present intention.

Frasera Walteri. (Columbo.) In the summer and fall of 1838, emphatically "*the sickly season*" of the Valley of the St. Joseph's of Michigan, owing to the depreciation of western funds, cinchona and quinia were not to be obtained, and many practitioners were driven to the forests for their tonics and febrifuges. In the powdered root of the *frasera*, combined with capsicum, I found a highly useful combination, in the treatment of the fevers of that season. Owing to its bulk, I neglected it in after years, and have not since made trial of it. A cold infusion of it is a grateful tonic in dyspepsia, and debility of the stomach after fevers.

Geranium maculatum. (Cranesbill.) In the treatment of salivation, this is one of the best astringents. From its affording so immediate and decided relief to the severe pain and high irritation attending mercurial ptyalism, I am inclined to consider it as having a sedative action. In chronic diarrhoea, where a vegetable astringent is demanded, it rarely disappoints my expectations. In compounding pulvis cretæ, compos. I always use the root of this plant.

Inula Helenium. (Elecampane.) In some cases of profuse catarrhal expectoration from the lungs, I have used a decoction of this plant with benefit.

Juglans Cinerea. (Butternut.) The watery extract of the inner bark of the root, has proved to be a valuable article in the treatment of chronic constipation of the bowels.

Magnolia glauca. (Cucumber tree.) The fruit of this noble tree, chewed, and the juice thus expressed, I have known to cure the summer complaint; and the dried fruit pulverized, I frequently give to children with diarrhæa, with benefit.

Podophyllum peltatum. (Mandrake.) The root of this plant in powder, combined with calomel, I have long used as a powerful cathartic, in cases of cerebral apoplexy or paralysis, arising from, or attendant with, congestion of the liver. My formula is 40 grs. of the finely powdered root, with 10 grains of calomel. I have known a full bounding pulse, 120 beats in the minute, and demanding, in the opinion of three physicians attending as counsel, immediate and efficient venesection—I say I have known such a pulse, from one dose of this combination, reduced to 80 strokes in the minute, and to be soft, easily compressed, and gradually go down to the usual standard, much to the surprise of the intelligent counsel.

Sanguinaria canadensis. (Bloodroot.) I have derived more benefit from this medicine, in the treatment of scarlatina maligna, than any other disease; and I have used it in phthisis pulmonalis, pertussis, pneumonia, bronchitis, hæmoptysis, and rheumatism.

In scarlatina, I exhibit it in full emetic doses, preferring for this purpose, a strong decoction. It acts more promptly than ipecac. and is not so depressing as antimony.

It removes the morbid secretions of the mucous membrane, not only of the stomach, but also of the œsophagus and fauces. By its action in this particular, it prepares the system for the exhibition of other remedies, and goes far towards breaking up the morbid impressions of the virus, which causes this fatal malady. In hæmoptysis, I have received some marked benefit from it. In phthisis, I have never seen any good effects. In bronchitis, where the secretions are opaque and viscid, it promotes the secretion of mucus; renders it thinner, less opaque, and easier to expectorate.

In catarrh of the mucous membrane of the nares of the frontal sinus, in combination with cloves and gum camphor, it is a useful

errhine. I promotes the discharge of the highly offensive mucus, imparts a pleasing sense of warmth to the whole head, and gives strength to the weak and watery eyes attending this truly distressing malady. It does not possess sternutatory powers in so great degree as hellebore, and is therefore more pleasant to use.

In all diseases of the chest, where I think best to exhibit this plant, I give preference to the tincture, after the formula of Prof. Tully.

UNOFFICIAL PLANTS.

Baptisia tinctoria. (Wild Indigo.) The action of this plant in full doses, is that of an emeto-cathartic, producing slight vertigo. In small doses, it is laxative and sedative, leaving, after its operation, a soothing influence upon the bowels. In epidemic dysentery, I have used it in small doses, with a happy effect. Yet, from its being so disagreeable to the taste of patients, I have not made any very extended trials with it.

In the treatment of Epidemics, most practitioners have found some one medicine on which they place more reliance than others; and they have also found, that in treating the same epidemic diseases, but in different seasons, they have had to change their favorite remedies. Old ones failing and new ones succeeding. Agreeably to this experience, I found that in an epidemic dysentery of the summer of 1839, arising from miasmatic causes, a decoction of the root of the baptisia succeeded when all other remedies failed: since then I have used it in the same epidemic disease, and evidently having a malarious origin too, but without the same pleasing effect.

Cucumis melo. (Muskmelon.) I have to record one case of that body-distressing, spirit-depressing, and ennui-engendering disease—dyspepsia, as cured by the eating of this delicious summer fruit. It was the patient's only diet—the only diet his stomach would retain for many weeks.

Cypripedium parviflorum. (Yellow ladies' slipper.) This is the "nervine" of the Botanic and Thompsonian Physicians. There are two other varieties of the cypripedium, *C. anceale* and *C. spectabile*. I do not consider them equal to the *parviflorum* in useful medicinal qualities; certainly they are not equally safe. I have found them, especially when growing in dark swamps, to possess a narcotic quality, which has deterred me from their use, and which has alarmed some of my patients. But the *parviflorum*, when growing upon a light sandy soil—the oak openings of Michigan for instance—has never exhibited this quality.

In full doses, it is a gentle stimulant, with a decided tendency to the nervous system, and harmonizing its disordered action.

In hysteria it is a valuable remedy. In pains of the joints following scarlatina, it has proved itself a valuable remedy; I consider it fully equal to the *valeriana officinalis*.

ANTIDOTES TO ARSENIC.

On the discovery of two Antidotes to Poisoning by the Arsenic of Commerce. By Thomas Cattell, M. D., M. R. C. S., &c.

DURING the past year, while experimentalizing on the means of constituting the arsenic of commerce self-detective, my attention was in part directed to the discovery of an antidote, or antidotes, which could be more conveniently—if not more effectually—applied in cases of poisoning, than the only one which has hitherto been discovered—the hydrated peroxide.

I have not had an opportunity of fully completing these experiments; but the vital importance of the subject leads me to direct immediate attention to two agents, which it is anticipated will be found to supply the desideratum sought to be attained—the one is ferrate of potassa, or the ferric acid compound—the other the *dry* peroxide of iron.

It is found by experiment :—

1. That when one ounce of the ferric acid compound, forty-five grains of arsenic, and one ounce of water, are intermixed and well agitated, the supernatant fluid gives no evidence of the presence of arsenic by the usual liquid tests. After the lapse of a few minutes, the formation of crystals takes place at the bottom of the fluid, and indicates that the whole or a portion of the arsenic is neutralized.

These crystals possess a slightly acid taste, are insoluble in cold water, are not deliquescent, or subject to change on exposure to the air for several months.

2. That when one ounce of the ferric acid compound and forty grains of arsenic, in an alkaline solution, are treated in a similar manner, the supernatant liquid shows no evidence of the presence of arsenic by the same tests.

3. That when half an ounce of the *dry* peroxide of iron, five grains of arsenic, and one ounce of water, are agitated together, the supernatant fluid is without any evidence of the poison.

In the administration of the ferric acid compound for the purposes in question, it is unnecessary to observe that no precise amount can be adhered to on merely theoretical grounds; the quantity of the poison taken, or administered, is always uncertain; and it is better in this instance to err on the side of excess.

As to the chemical reaction of this compound on arsenic, I have nothing to observe really bearing upon the subject—further than to state, that it is my anxious wish it may prove as valuable practically as it appears to do theoretically.

The compound should be reduced to pulverization immediately prior to administration.

I cannot conclude these brief remarks without expressing my

feelings on the subject to which they have reference—it is not antidotes we require, how valuable soever they may be—it is a legislative enactment prohibiting the sale of so deadly a poison, without the adoption of some precautionary measure—i. e., without rendering it self-detective.

It is therefore my opinion, that if the question is taken up by the able and worthy editor of *THE LANCET*, and warmly agitated by the profession, the legislature cannot fail to carry out the views which I have expressed relative to this subject.—*Lon. Lancet.*

ON THE INJECTION OF VARIOUS SUBSTANCES INTO THE VEINS.—By Drs. MANZOLINI and QUAGLINO, of Milan.—The municipality of Milan having placed at the authors' disposal a large number of stray dogs, they took the opportunity of injecting various substances into the veins, as pus of various descriptions, blood abstracted for different diseases, and a variety of putrefying substances. They then experimented with a variety of poisonous and medicinal agents, as arsenic, corrosive sublimate, iodine, digitalis, quinine, &c. The following are the principal conclusions:

1. *Pus*, whether syphilitic, variolous, or tubercular, does not induce corresponding specific affections in the organism of *Lutes*, but constantly determines a gastro-enteritis and enlargement of the mesenteric glands.
2. Recent blood, though abstracted from patients with fever, small-pox, &c., exerts no effect on the health of animals.
3. The inorganic irritating poisons exert their action on the alimentary canal, inducing generally a gastro-enteritis.
4. This predilection for the intestinal tube seems to be due to the facility with which it becomes an eliminatory organ by reason of its vast superficies and its easy communication with the exterior.
5. The action excited by pus transported into the circulation explains the colliquative diarrhoea, and other gastro-enteric disturbances which individuals, suffering from large and old suppurating wounds, open cancer, phthisis, empyema, phlebitis, and gangrenous typhus are liable to.
6. Putrefying substances exert the same effects upon the canal as the irritant poisons.
7. Gastro-enteritis is not met with in those animals which die soon after the injection of these bodies.
8. All poisonous substances, organic and inorganic, whether introduced into the circulation by the veins, or by the digestive apparatus, constantly effect an alteration in the crasis of the blood.
9. That these poisons may exert their action upon the nervous system, it is requisite they should be transported into the circulatory current, the affection of the nervous centres being only secondary; in fact, when the stomach has been deprived of the influence of the *par vagum* by section, the same results are obtained as when this is uninterfered with.
10. *Vegetable poisonous substances* and their alkaloids, however, attack the nervous

system in preference to the digestive tube. Some especially affect the brain, as opium; others, the cerebellum and medulla spinalis, as the ethers; and others, the medulla spinalis alone, as strychnia, quinine, *lolium tomentum*, &c. 11. Two substances acting upon the same portion of the nervous system, but producing phenomena peculiar to each, when they are given simultaneously, do not confound their actions, but simultaneously manifest their proper phenomena. Thus, by giving strychnia to a dog, laboring under the tremors produced by *lolium tomentum*, we engraft upon these the tetanic spasms peculiar to the alkaloid. 12. The venous and arterial tree is always found normal, whatever be the substance injected by the veins or administered by the mouth. 13. The remedies known as the narcotics and narcotic-acrids of authors (as aconite, belladonna) never induce gastro-enteritis, however introduced. 14. Dilatation of the pupil may be induced by remedies which act on the encephalon, as well as by those which act on the medulla spinalis. In the first case, it is due to the torpor which the narcotic substances produce in the nerves of the third pair destined for the motion of the circular fibres of the iris, by which these antagonize the radiated fibres, receiving their motor power from the cervical nerves. In the second case, the midriasis depends upon the spasm or excess of excitement of these last nerves.—*Brit. and For. Med. Chir. Rev. from Gaz. Medica di Milano.*

CASE OF HYDROPHOBIA SPONTANEA.—By Dr. MOMBERT.—Such is the appellation bestowed by Dr. Mombert upon a case recently published by him, of a most interesting character in its details, though unfortunately imperfect, from the absence of a post mortem examination.

Dr. Mombert was sent for early on the morning of the 24th July to see a lad, (æt. 12,) who had been indisposed for a day or two before, apparently from having become chilled while hot. He found him with a slow and feeble pulse, pain in the head, contracted pupils, and difficulty of deglutition; his secretions, tongue and skin being in a normal condition. While quietly talking, he suddenly started from the arms of his parents, struck his head with the rapidity of lightning, screamed aloud, and distorted his eyes and limbs in the strangest manner. In a few minutes all was calm, and he continued his narration. This paroxysm produced little effect upon his pulse, and was repeated with the same vehemence every few minutes; the attacks differing from epilepsy, in the retention of complete consciousness. Sinapisms to the feet, warm clisters, and calomel, were ordered.

Two hours after, the author found the parents vainly engaged in trying to administer a powder in water, the child declaring he

could not swallow, and raging frightfully when they attempted to make him do so. He crushed the spoon between his teeth, and the fluid flowed out at the angles of the mouth. The same occurred when water or camomile tea was offered. He ate an apple, however, thick potato soup, and the like, with appetite. He declared his willingness to take anything, but that he could not get fluids down, and shuddered at their mere sight. No affection of the throat existed. The paroxysms of convulsions, screams, and raging continued, so that several strong men could scarce restrain him. As the carotids beat strongly, the pulse had become hard and quick, and the pain in the head was very great, cold was ordered to the head, and a venesection at the foot. But when the patient attempted to place his foot in water, the hydrophobic symptoms redoubled in intensity; and when, by the exertions of four men, he was made to do so, the ghastliness of his features evinced the anguish he endured. His respiration became short; he could neither swallow nor spit out his saliva; and now commenced biting those about him. For a while after the V. S., the paroxysm seemed less intense, but towards the afternoon they returned as badly as ever; his propensity to bite those about him, or even himself, increasing. When those who held him slackened their hold, he, in full possession of consciousness, entreated his friends to keep at a distance, lest he should bite them. No mitigation after this occurred, and he died at three in the afternoon. The most careful external inspection showed no traces of any bite; and his relatives felt certain he had not been bitten; and yet the symptoms were not to be distinguished from those which the author had witnessed in true hydrophobia. All the persons bitten by him continued well.—*Brit. and For. Med. Chir. Rev. from Wollther and Ammon's Journ.*

LECTURES

On the American Eclectic System of Surgery. BY BENJAMIN L. HILL, M. D., *Professor of Surgery in the Eclectic Medical Institute of Cincinnati.* 1 vol., 8vo. pp. 670. *With One Hundred and Forty Engravings.* Cincinnati: W. Phillips & Co.

The taunting question, "Who reads an American book?" may now be changed to the form, "Who does not read American books?" The question, "Who reads a Western book?" is undergoing a similar change. Editions of several thousand copies of Western books are published now, where a few years ago, as many hundreds would have been deemed a hazardous venture. Prof. Hill's work on surgery, adds another to the list of important Cincinnati publications. In its mechanical execution, it compares

favorably with the very best specimens from the Philadelphia press—and in its contents, it is singularly attractive for a book on surgery. The style is animated, clear, and impressive—the instructions upon every subject treated, are ample and systematic; while, at the same time, it possesses the peculiar attractive freedom of the extemporaneous lecture. But the peculiar piquancy and interest of the work, is derived from the fact that the author belongs to the Eclectic School, which has, of late years, attracted so much attention in the United States, and that this is the first systematic and complete treatise on surgery which has been put forward by the teachers of the Eclectic system. Hence, it contains a large amount of highly important professional knowledge, which has never before been published in any satisfactory form, and many of those peculiar original ideas in medicine which have been propagated in the Eclectic Medical Institute of this city. The originality and ability displayed in this work, will secure to its author an enviable place in the history of American medicine. This volume, we learn, is the precursor of a series of medical text books from the pens of the professors of the flourishing college in our city, which is regarded as the head quarters of American Eclecticism. *Columbian*.

ACTION OF ACONITUM NAPELLUS.—M. TEISSIER, of Lyons, has conducted a series of experiments on the *aconitum napellus*, with the view of studying its stupefying and antiphlogistic action. The stupefying action is undoubted; it differs from that of morphia, the influence of which is perceptible in more or less relieving all kinds of pain; aconite, on the contrary, has power only over special pains. This speciality of action of the aconite is one of its principal characters, and it results from the fact that the stupefying property of this medicine is only secondary; its principle, and in some sort specific, action is exerted on the skin; it consists in eliminating the noxious elements from the vessels of that membrane, and in re-establishing its functions, when they have been disturbed either by the repercussion of the perspiration, or by the presence of any virus. Thus, aconite is adapted for the treatment of diseases caused by cold, the consequences of catarrhs, and also of the diseases in which a morbid principle is retained in the cutaneous tissue, such as the exanthematous fevers. The painful diseases in which M. Teissier has obtained benefit from the sedative action of aconite, are those depending on a catarrhal or rheumatic cause. The antiphlogistic action of the plant is quite secondary and subordinate to its action on the skin.—*Jour. Psychol Med.*, from *Revue Medicale*.

CASE OF SEVERE GUNSHOT WOUND

Of the Axilla, followed by recovery without Amputation. By SAMUEL TYLER, M. D., of Frederick City, Md.

ON the 26th of May, 1845, at one o'clock, P. M., I was sent for to see a lad, ten years of age, who had received a gunshot wound, anteriorly, in the upper third of the right arm. When I arrived at the spot, distant some six miles, I found the patient in a very faint condition, the wound having bled profusely.

Upon examination, I found the load, which was of large sized shot, had entered at the upper third of the humerus, near the anterior edge of the pectoralis major, penetrating the biceps flexor cubiti and coraco-brachialis, making its exit through the latissimus dorsi and teres major, and doubtless, severing in its course, the long head of the triceps muscle. From the character of the hemorrhage, the extent of the wound, and the faint condition of the patient, no doubt existed as to the complete division of the brachial artery. The subclavian being secured by pressure, the boy was conveyed to his residence in town, and on his arrival, I immediately prepared to amputate the limb at the humeral joint. Being resisted entirely in this proceeding by the parents, I could do nothing but dress the wound (the subclavian being kept secured by pressure, as I feared hemorrhage to a great degree when reaction should come on) with warm poultices, clearing it at the same time of all extraneous matter. During the progress of the case, the forearm was very cool, but evinced no disposition to gangrene. Without troubling the reader with the details of the case, he recovered entirely; the limb being nourished, though feebly, by the anastomosing vessels. Six months from the date of the accident, no pulsation could be felt in the ulnar, or radial arteries, though he was examined by several eminent physicians. Such a result is certainly extremely rare, at least so far as we can depend on the "recorded" annals of surgery.—*N. Y. Jour. of Med.*

TREATMENT OF INTERMITTENT FEVER, WITH OIL OF TURPENTINE.—By Dr. N. WARD, Burlington, Vermont.—While in Ceylon, I treated many cases of fever and ague most satisfactorily, with a mixture of the oil of turpentine and castor oil, in the proportion of one to two drachms of the former to one ounce of the latter, and administering it in a mildly cathartic dose at the beginning of every cold stage. Where relief was not promptly obtained there were generally present signs of biliary derangement, indicating the moderate use of calomel or calomel and ipecac., after which a dose or two of the mixture usually completed the cure. This was used in cases of long standing, as well as in recent ones; and in one case of enlarged spleen with good effect.—*Am. Jour. Med. Sci.*

ANALYSIS OF THE BYRON ACID SPRING, NEAR BATAVIA, WITH A SHORT ACCOUNT OF ITS REMEDIAL PROPERTIES.—Analysis by Dr. GEORGE HAND SMITH, Chemist and Physician, of Rochester, N. Y., late assistant in the State Laboratory at Albany.

Represented in parts out of 100,000, viz :

Free sulphuric acid, - - - - -	59.397
Proto-sulphate of iron and alumina, - - - - -	32.022
Sulphate of magnesia, - - - - -	13.515
Sulphate of lime, - - - - -	12.928
Silica, - - - - -	13.025
Organic matter, - - - - -	4.585

From one quart of water, grains, - - - - - 135.472

The remedial powers possessed by these waters are highly tonic, refrigerant, and astringent; forming a neutral combination of great power, and extending through a large class of diseases; more particularly those of the digestive organs, combined with weakness and debility; also, including those of a urinary and cutaneous character. Great relief has been obtained in the following diseases, viz.: chronic diarrhœa, chronic dyspepsia, chronic dysentery, chronic diuresis, chronic cystitis, diabetes, purpura, night sweats, hectic fever, painter's colic, ulcerated sore throat, salivation, gleet, piles, leucorrhœa, scrofula, salt-rheum, nettle-rash, erysipelas, itch, water-brash, acidity of the stomach, nervous or sick headache, impurities of the blood, &c. Dose for an adult, from a half to a wine glass full, reduced twice or thrice in amount with pure water, three times a day, according to the condition and strength of the stomach. For children, a proportionate quantity, according to the age. For eruptions of the skin, the water should be reduced in like manner, before applying it.—*Trans. of N. Y. State Med. Soc.*

Diseased Bones and the Influence of Mercury in their Production.—By BRANSBY B. COOPER.—Of the disease of the bones which are said to result as a secondary effect of syphilis, I can only remark that I have for years doubted the truth of the doctrine itself, as I have never known the bones to become diseased unless mercury had been exhibited; and I can hardly bring forward a better proof of this, than the fact that, in former times, when such enormous quantities of mercury were given for the cure of syphilitic disease, the affections of the bones were almost as common as syphilis itself; while now, on the contrary, when the employment of mercury has been so judiciously modified, diseases of the osseous system are but of rare occurrence.—*Lon. Med. Gaz.*

PHELLANDRIUM AQUATICUM IN PHTHISIS AND CHRONIC BRONCHITIS.—By M. SANDRAS.—In our number for July we quoted M. Michea's testimony in favor of this substance; and since then M. Sandras has published the results of a careful investigation into its merits, conducted during eight years at the Beaujon. He speaks of it in the highest terms of praise as a palliative of the most distressing symptoms of phthisis; and believes that occasionally it even exerts a curative agency, and at all events indefinitely postpones the progress of cases which furnish all the symptoms of incipient tubercle. He is, however, fully aware how deceptive these symptoms often are, and speaks with due caution on this point. The important agency of the seeds, however, in relieving suffering in undoubted and advanced cases of the disease seems certain; the days of the sufferer not only being considerably prolonged, but his path to the grave most materially smoothed. The good effects generally manifest themselves in from a week to a fortnight, by a diminution of fever and diarrhæa, a return of appetite and sleep, less dyspnœa, and an easier cough, so that the patient often supposes himself nearly well. The strength is supported in this way for a considerably longer period than it otherwise would be; and when at last it finally gives way, the course of the disease then becomes very rapid. *Chronic bronchitis* is obviously and speedily modified advantageously by this medicine. It is especially indicated in that form, which comes on in aged persons in cold damp weather, and persists until this changes; and in young lymphatic subjects, deficient in reactive power, it cuts short the tedious coughs left by colds. M. Sandras has found it of no avail in emphysema and nervous asthma, except inasmuch as these were connected with chronic bronchitis.—*L'Union Medicale*.

The Druggists' General Receipt Book; Containing numerous receipts for Patent and Proprietary Medicines, Druggists' Nostrums, &c.; Factitious Mineral Water and Powders for preparing them; with a Veterinary Formulary, and Table of Veterinary Materia Medica, etc. etc. By HENRY BEASLEY. Philadelphia. Lindsay & Blakiston. 1850. 8vo. pp. 386.

THIS volume, it will be seen, is intended principally for the use of the druggist and apothecary. To such it must prove of essential value. It contains a very large number of receipts for the various preparations which, under the present state of things, it is absolutely necessary should be kept in every drug store, and which can nowhere else be found. We shall be much surprised if it does not find its way into the hands,—and its use become universal among druggists and apothecaries.—*N. Y. Jour. of Med.*

ON THE USE OF CHARCOAL IN NERVOUS GASTRO-INTESTINAL AFFECTIONS, EITHER OF AN IDIOPATHIC OR SYMPATHETIC KIND.—*By Dr. Belloc, Surgeon of the 6th Hussars, (France).*—Charcoal was used by the physicians of antiquity, and a few of the moderns are still recommending it; but this agent was well nigh forgotten when Dr. Belloc strove to revive its use. He experimented upon himself, and succeeded in curing a very intractable gastro-enteralgia. The Academy of Medicine of Paris, to whom a memoir was presented on this subject by Dr. Belloc, have just published a report very favorable to the author. From this document we gather, that poplar-wood, prepared in the manner pointed out by Dr. Belloc, is the most efficacious. The powdered charcoal is to be taken in doses of one or two teaspoonfuls before meals; a pleasant feeling about the epigastrium and some appetite are excited by it, and if taken after a meal it renders digestion more active and rapid. This inert powder seems neither to be digested nor absorbed; it merely passes through the digestive canal, and takes hold of the gases and liquids hurtful to the economy. The charcoal powder keeps the bowels open with those patients where gastralgia is complicated by constipation, and its effect is not confined to rendering digestion better, but it likewise allows of more tonic and abundant food being used, whilst it renders the stomach more fit to bear such active remedies as were but ill borne before. The powder may be given in the form of pills or lozenges, but Dr. Belloc prefers administering it in cold water, in the shape of a moist paste, of which a teaspoonful is swallowed, half a glass of water being drunk upon it. Some patients, in the hospitals where members prescribed the powder, found the charcoal very repulsive in that form, and the physicians were obliged to give it wrapped in bread. The doses vary from two to six spoonfuls per diem, according to the severity of the disease; this dose, however, may be increased, as Dr. Belloc has himself taken sixteen ounces in one day. Very chronic gastro-intestinal affections of the nervous kind are modified in a few days by the use of the charcoal. Several cases of a very satisfactory character are appended to the report, and we decidedly think that trials ought to be made in this country, where gastric affections are so frequent.—*Lon. Lancet.*

BALSAM OF PERU AS AN APPLICATION TO INDOLENT ULCERS.—E. J. SPRY, in a communication in the *Provincial Med. and Surg. Jour.*, (Oct. 3, 1849,) states that he has found the balsam of Peru of very great use in several cases of indolent ulcerations of the legs and other parts of the body. Lint soaked in it is to be applied to the surfaces every morning, a piece of oiled silk of cor-

responding size is placed over this, some soft rag to fill up the hollow, and a well applied roller over the whole. In one case especially, of old ulceration of many years' standing, which surrounded two-thirds of the leg of a man who came into the infirmary for the purpose of having his leg amputated, and which, in the opinion of some of Mr. S's colleagues, could not be saved, the *balsam* excited the growth of granulations over the whole surface so rapidly as to excite surprise; the deep, sharply-defined ulcer filled up, and with a little modification of treatment from time to time, proceeded very favorably to cicatrization.

An obstinate case of lupus, or *noli me tangere*, was very much benefited, and finally healed, under similar treatment.—*Amer. Jour. Med. Sci.*

“CHLORIDE OF ZINC.—Its economic and sanitary relations; with testimonials to its preventing decay, rot, mildew and combustion, in wood, canvas, cordage, cotton, woollen, &c., and its deodorizing and purifying foul holds, cellars, hospital wards, sick chambers, sinks, cess-pools, vaults, cabinet and chamber vessels. Lowell, 1850.” This is a pamphlet of seventy pages, embracing reports, and letters recommendatory of the antiseptic properties of the coloring. The chloride of zinc has, for a number of years, stood every test to which the most rigid experimenters have subjected it. It has been found perfectly safe, in its application, to health and property, and if only half can be accomplished which is attributed to it, must offer sufficient inducements for all to make use of it. As far as our own immediate observation is concerned, we can unhesitatingly say, that it is infinitely superior, for antiseptic purposes, to any other article we have used. It is to be extensively manufactured by the Roxbury Chemical Company, under the direction of Dr. A. A. Hayes, which is a sufficient guarantee that it may be obtained in its utmost purity. We have not as yet seen their samples, but understand they are ready to supply physicians and others, by leaving their orders with Mr. Burditt, No. 70, State street, Boston.—*Bos. Med and Surg. Jour.*

SURGICAL ANATOMY.—By Joseph Maclise, Surgeon, published by Lea & Blanchard, Philadelphia. Part two of this splendid work has just been received from the publishers. The illustrations are life-like, and will serve to assist the memory of those who make that part of medicine their study. It is the very best work on surgical anatomy that has been published in this country, and it is hoped that the enterprising publishers will be fully remunerated for the expense of so valuable a production.—*Bos. Med. and Surg. Jour.*

TREATMENT OF ANEURISMS BY GALVANO-PUNCTURE.—M. ABEILLE, of Val-de-Grace, reports a case of subclavian aneurism in a lady aged 65. The operation by galvano-puncture being determined upon, she was rendered insensible by ether, and four steel needles, of two inches long, were inserted by pairs into the sac, and attached to a galvanic battery; the poles were placed in contact with each pair of needles alternately, and the communication maintained during five minutes. The patient at first felt nothing, but soon she cried out, and became generally convulsed. The tumor diminished in volume, and became more tense, its pulsations diminished, and the radial pulse disappeared; the needles were then withdrawn. Compresses of cold water were then applied, and the patient placed in bed. Next day the radial pulse was still absent, the outer limb was cold and numbed, and the power of moving the fingers was lost. In four days the radial pulse reappeared, the tumor gradually diminished, and at the end of a week was only half its original size. At the the end of two years the patient remained well.—*Prov. Jour.*

STATISTICS OF THE EGYPTIAN SCHOOL OF MEDICINE.—The school of medicine founded twenty-two years ago, has received, during that time, eight hundred and thirty-nine students. In six years from its opening a class of eighty-seven pupils had completed their studies. In five years subsequently, another of ninety-one; a third, of one hundred; a fourth, of one hundred and seventeen; a fifth and last, of one hundred and twenty-seven, recently left the school. The remainder have not yet completed their medical education. Of this number, three hundred and seventeen are employed in the army, navy, schools, workshops, docks, &c.

The obstetrical school has been established only twelve years. At first, the sole pupils were twenty-four negresses. Subsequently poor girls were taken as pupils, and with difficulty sixty could be collected. Many of these are now practising with success in Cairo, Alexandria, and Damietta.—*L'Union Medicale.*

EXPULSION OF A FŒTUS BY THE MOUTH (?)—The Spanish journals report the case of a woman who, during the second stage of yellow fever, vomited, with great difficulty, a substance which proved to be the body of a fœtus of four months, perfectly developed: this was followed after a few minutes by the placenta. The patient died the next day. The autopsy discovered the uterus much increased in size, and between the vagina and uterus an abnormal cavity communicating with the intestine by an opening four inches in diameter.—*L'Union Medicale.*

INFLUENCE OF PREGNANCY ON THE PROGRESS OF PHTHISIS.—It is an opinion of very ancient date, and, we believe, of pretty general acceptance, that the course of phthisis is modified, or may even be suspended, by the occurrence of pregnancy. This opinion has, however, been contested in some quarters, and, among others, by Andral and Louis. Latterly, M. GRISOLLE (in a memoir presented to the Academy of Medicine) has collected twenty-seven cases of phthisis coinciding with pregnancy. Of these twenty-seven cases, there were only three in which the rational signs of consumption preceded the pregnancy. In the remainder, the first symptoms of the disease appeared during the early months of gestation. These facts are sufficiently demonstrative of the commencement of tubercular disease, under conditions generally thought to be adverse to its manifestation. M. Grisolle has further ascertained, by statistical inquiry, that, so far from pregnancy delaying the fatal termination, the disease would appear to progress more rapidly in pregnant than in other females. In fourteen cases examined in reference to the duration of phthisis, he finds the average to be ten months, while in non-pregnant women it appears, according to Louis, in fifteen months. In so far, therefore, as these few observations go, there appears to be no foundation for the opinions generally entertained.—*Prov. Jour.*

CURE OF STAMMERING.—A discovery of immense consequence to those who have not the power of ready articulation, seems to have been recently made, or else an old practice has been revived. Mr. Kingsbury, from some part of Maine, is practising the art in Boston. In the presence of several medical gentlemen, last week, an inveterate stutterer was enabled, at once, to converse easily and smoothly. Mr. Kingsbury comes recommended by very prominent names in all the walks of life. If the applicant receives no benefit, he requires no compensation. We are restrained from discussing the physiological principles upon which this extraordinary treatment is based, but it is pretty certain that it cannot long be kept a secret.—*Bos. Med. Surg. Jour.*

COPPER IN THE HAIR OF A WORKMAN USING THAT METAL.—M. Chevallier, jun., has lately analyzed the hair of copper-workers which had turned quite greenish, and he has found that the copper was not only deposited on the surface of the hair, but that it had penetrated into its substance. The hair treated by acetic or nitric acid yields the copper it contains, and by a microscopical examination it is seen that the metal has actually penetrated the substance of the hair. It is to be regretted that M. Chevallier does not say in what state the copper is found in such cases.—*Lon. Lancet.*

COD-LIVER OIL IN TERTIARY SYMPTOMS.—I have had some conversation with my friend, Dr. Copland, on the above interesting case, and he informs me that he has for some time past been in the habit of prescribing cod-liver oil in tertiary symptoms, with the most marked success. Dr. Copland was, I believe, the first practitioner in this country who prescribed the iodide of potash in these cases, and I believe the same merit is due to him in this instance. In my own practice, I have not as yet had much experience of its use in syphilitic affections, and I think it doubtful how far its efficacy can be relied on in tertiary symptoms unconnected with the strumous diathesis. The case above narrated fully establishes its merits when employed in this latter complication, and further experience can alone determine its value in the former. Any remedy which can be safely substituted for mercury in the treatment of these affections, particularly one so innocuous in its action on the system as cod-liver oil, must be hailed by the profession as a very great boon.—V. MANAB.—*Lon. Lancet.*

PHYSICIANS AND APOTHECARIES.—At the late meeting of the Pennsylvania State Medical Society, among the many resolutions offered, we find the following:—"Whereas, it is asserted and confidently believed, by a portion of the public, that it is the practice of some physicians and apothecaries to enter into a collusive arrangement, by which the former are to receive a per centage upon all prescriptions sent to the latter, and in this way, bring dishonor upon the medical profession; therefore, Resolved, That this society regards all collusion between physicians and apothecaries, whether with a view to pecuniary profit or patronage, as opposed to every principle of that moral code which the profession have adopted; and that no physician, known to be guilty of such a collusion, should be entitled to the confidence and professional intercourse of medical men."—*Bost. Med. and Surg. Jour.*

ANOMALY OF THE CERVICAL VERTABRÆ.—DUBREIL, Professor of Anatomy at the University of Montpellier, relates a very rare case of anomaly of the cervical vertebræ. It consists in the existence of a supernumerary vertebra, and occurred in the person of a Swiss drum-major, whom M. Dubreil had often remarked during his life-time, on account of his extraordinary stature. A careful examination of the skeleton leads the author to conclude that the anomaly consists in a duplication of the sixth vertebra of the neck. M. Geoffroy St. Hilaire never observed a case of this kind, and it appears the only one to be found in the annals of medicine. I remember, however, when a student at Edinburgh, that a well-known member of the Medical Society, remarkable for his height, was said to possess a similar deformity.—*Med. Times.*

NEW MODE OF ARRESTING INFLAMMATION.—M. Robert Latour communicated a few days ago, a paper to the Academy of Sciences of Paris, wherein he tries to prove that any inflammation manifesting itself on the skin may be arrested by covering the inflamed integuments with an adhesive compound, which will wholly and effectually prevent the contact of atmospheric air. This idea has been suggested to him by the experiments of Dr. Fourcault, who used to produce great disturbance of internal organs upon animals, which he painted all over with a resinous and adhesive compound. M. Latour formerly used gum to cover the parts, but has now substituted collodion for it—two cases of erysipelas were cited, which, being treated in this way, were well in a few days.—*Lan.*

BELL ON BATHS, &c.—We have a work before us of rare historical and medical interest, by one of the best men in the professional ranks. It is "A treatise on baths, including cold, sea, warm, hot, vapor, gas, and mud baths; also on the watery regimen, hydrophathy and pulmonary inhalation, with a description of bathing in ancient and modern times. By John Bell, M. D., &c., &c., Philadelphia." After a deliberate examination of Dr. Bell's collection of facts, the reader will admit that he has ransacked the world for this book of evidence, leaving each to determine for himself whether its tendency is to favor the new isms or to controvert any of them.—*Bos. Med. Surg. Jour.*

METHOD OF DEPRIVING QUININE OF ITS BITTERNESS.—Dr. R. H. Thomas, of Baltimore, in a communication to Dr. Hays, of Philadelphia, which is published in his *Journal of Medical Sciences*, mentions the fact, that quinine may be deprived of its bitterness, by combining it with tannic acid. The proportions which he suggests for neutralizing the bitterness is, quinine, ten grains, to tannic acid, one and a half grain.

ANNUAL OF SCIENTIFIC DISCOVERY.—This book embraces a condensed abstract of the progress of science and the arts in 1849, throughout the civilized world, and is therefore a general compilation from the journals and other reliable sources. It is exceedingly instructive, and by giving it to the public annually, hereafter, the series will constitute a scientific digest of each year, and therefore ultimately form a series of great value.—*Bost. Med. and Surg. Jour.*

GEOLOGICAL THEORY OF CHOLERA.

BY JOHN LEA, OF CINCINNATI.

WITHIN the last two years, I have published through the medium of the city press, and by letters addressed to individuals, in this country and in Europe, (who I thought would aid promptly in the investigation of so important a subject,) certain facts and observations respecting a *proximate cause* of that much dreaded disease, the "*Asiatic Cholera*;" but my communications have met with little favor—the thing is *too simple*—the mystic theories of *ozone*, *zumosis*, *fungi*, &c., are better adapted to the prevailing taste for the marvelous: few seem willing to believe that the water which they are accustomed to drink, may so unite with certain miasmata, afloat in the air we breathe, as to produce the most deadly effects! but *it is even so!* The enemy has been at our doors; he has surrounded us; he has thrown the pall of death over us! and it will now be manifest to all who will take the trouble to investigate, that he has *system* in his work! *method* in his onslaught, and *method* in his career of destruction! and is governed like all other natural phenomena; by *laws immutable, unchangeable!*

Twenty years have now passed away since I had wellnigh become the victim of an attack by *cholera morbus*, in consequence of passing from a region of arenaceous and alluvial formation, (West Tennessee,) to one of lime-stone, *blue silurian*, (Nashville.) At that time (1830) the *Asiatic cholera* had not made its appearance on this continent: it commenced its ravages in 1832. I then perceived that it passed around the *arenaceous*, and spent its fury on the *calcareous* regions; and it occurred to me that, as calcareous water had caused a violent attack of the cholera morbus, (so called,) and its congener, the Asiatic cholera, attacked with deadly effect *those who used the same water*, while it passed by those who used *sand-stone*, or soft water, that the *calcareous water* was a *proximate cause* of that disease. This idea was communicated at the time to several medical gentlemen, but met with little favor; the disease never troubled us in *that region*, and the subject laid dormant in my mind until its reappearance in Europe, two years since.

The apprehension that this strange and malignant epidemic would revisit us, induced me to examine into the truth of the theory I had formed—now known as the *Geological Theory*; and the result has proved most satisfactory for the interests of humanity, and exceeded my most sanguine expectations.

Dr. Jenner's discovery of vaccination, as a preventive of the small-pox, was the subject of unbounded ridicule: he was caricatured as a man with cow's horns on his head, giving *beastly* dis-

eases to mankind! the *bipeds* derided—lampooned him; and it was *twenty years* before he could get his discovery adopted into *hospital practice*! However, he succeeded at last,—yet to this day it is not *universally* adopted; and now, to say that 100,000 lives are saved by it annually, is probably greatly under the mark, to say nothing of the *suffering* caused by that loathsome and painful disease. The Dr. was at last rewarded by a grant from the British Government of £20,000.

I found on inquiry, that the cholera had shunned all the arenaceous, alluvial and primary formations in the Union, except those watered by wells or rivers, holding in solution calcareo-magnesian elements. The sea-board of the States of North and South Carolina, Georgia, Florida, and Alabama, comprising a portion of the most insalubrious country in the United States, escaped the disease; so likewise West Tennessee; Emmetsburg and its vicinity, in Maryland; West Point, Nantucket, and New England generally. All those localities *escaped again* last summer, (1849,) and likewise all others *similarly situated*.

It may be asked why New York and Boston should have suffered, the former being based upon gneiss, the latter upon granite. I answer—both those cities are to a certain extent—perhaps three fourths—provided with excellent water; but the *well water* of Boston, as also that of New York, contains various salts. A gallon from the *Manhattan well*, on analysis, was found to contain—

Muriate of Soda, ...	42.20
“ “ Magnesia, ...	40.00
Sulphate of “	6.00
Carbonate of Lime and Magnesia, ...	12.80
Sulphate of Lime, ...	4.00
Extractive matter, ...	17.80

gr. 122.80

This is bad enough, certainly. It is presumable that many persons still use this impure well water in those cities, they not being supplied with that of the Croton, or Cochituate. The deaths in Boston (1849) from cholera, were about 660: of these, about 450 were foreigners, leaving but 150 of the native citizens to have suffered, out of a population of upwards of 120,000; and of this number, many have used the well water; some had chronic bowel complaints, others, doses of *magnesia*, (which sometimes causes rice-water discharges in an hour,) and *acid fruits*, and *crude vegetables*, prove a powerful auxiliary to the malignant poison with which the air is infected. So difficult was it for the disease to make a *lodgment* in Boston in 1832, (few emigrants then,) that “in a fortnight after its appearance, it had numbered but four victims, and about forty fatal cases altogether occurred.” *Bos. Med. Mag.* vol. 1. It degenerated in the vicinity at that time to a mere chol-

erine, and "of 118 cases at the State Prison, not one died." *Ency. Amer.*

New York suffered more in proportion to its population than *Boston*, but it had a far larger proportion of immigrants, many of whom, though Asiatic cholera be extinct, will fall victims to its congener, *cholera morbus*, by change of climate and food, exposure to great heat, &c.

Charleston requires no quarantine regulations to save it from the cholera. That disease has never prevailed there, although it is surrounded by a great extent of malarial country; so insalubrious is the latter deemed, that but few white people reside permanently therein. Why is *Charleston* exempt? Because, it being situated on alluvion and no supply of water from rivers, the rain and wells afford that supply, which is free from mineral elements, at least those that stimulate the virus of cholera.

New Orleans suffers from cholera. This is owing to the use of the *Mississippi* water; those who use rain water there, do not die of the disease. Exceptions to this rule will be found very rare indeed.

Mobile is on the *Mobile* river, the water of which is brackish, and unfit for domestic use. The city is supplied with very pure soft water, by an aqueduct from Springs at Sandy Hill, (six miles off.) Cholera has *never yet proved epidemic there*, notwithstanding its proximity to, and great intercourse with, *New Orleans*.

The mortality amongst the slaves on some of the sugar estates on the *Mississippi* was frightful. More than 100 have died on a single plantation! They used the river, or well water: the white families, who used the cistern, or *rain water*, did not suffer.

The water of the lower *Mississippi*, if drank alone, affects the bowels of strangers at all times, and during the prevalence of cholera, is attended with the *most fatal consequences*; that of the *upper Mississippi*, appears to be less injurious. The towns above the mouth of the *Missouri* suffer but little in comparison with those on the latter river; therefore I infer, that the water of the *Missouri* is a powerful provocative of cholera.

St. Louis is situated twenty miles below the mouth of the *Missouri*, on the same side. The pressure of the *Upper Mississippi* at the confluence of those great rivers, forces the former river on to the *St. Louis* side, and the muddy water of the *Missouri* does not unite with the clear water of the other river for many miles below that city. Thus it will appear that *St. Louis* supplied with *Missouri water*, as far as the supply by public works extends, and the rest of the city depends upon *wells*, which, being in the calcreo-magnesian formation, plainly accounts for the dreadful severity with which that city has been scourged; and to *this account* may be charged the loss of so many children annually by bowel diseases.

St. Louis lost 1,493 children, under five years of age, from April 20 to August 8, 1849, of all diseases.

Cincinnati and its vicinity, furnish abundant proofs of the truth of the GEOLOGICAL THEORY. This city contains about 100,000 inhabitants. The number of deaths by cholera, from May 1st to August 30th, 1849, was 4,114

All other diseases, ... 2,345

6,459

About 35,000 of the population are supplied with the river (Ohio) water,* in iron pipes, by steam power; this portion of the citizens was exempt in a remarkable degree from the epidemic. After diligent inquiry, I can hear of *but twelve deaths* on Fourth street, so far as it is supplied with river water, (about a mile and a quarter,) several of which may be attributed to gross imprudence. Beyond the supply of river water, the pestilence raged with frightful mortality, attacking those who drank well and spring water, but *passing by* all those who used *rain water*.

The annexed diagram of a portion of Sycamore street, on the side of the hill, presents a striking view of the relative effects of rain and spring water. This portion of that street has been but lately graded, paved and built upon; the ascent is steep, and the houses are sparsely scattered, principally on one side, the hill in most places coming abruptly on the other. It is on the skirts of the city, and would be selected as *particularly exempt* from *malarial* influences, as in truth it is; yet with all its advantages, the water excepted, it has been almost depopulated. The abundant supply of *clear spring water* gave a peculiar value to this location. None of those houses were crowded; they are generally two and three stories in height; those numbered 1 to 4, had one family only in each, and three stories in height; the ventilation is all that can be desired, in all of them. It will be observed that one death is marked at a house, where the family was reported to have used rain water; but it is altogether probable that the deceased had drunk *more than once* at the cool gushing fountain as he passed by in a hot day.

The *spring* is near the door of the "drinking house," and is continually gushing from a pipe raised about two feet from the ground. The proprietor says, that his family escaped sickness, yet made free use of that water. This, under the peculiar circumstances of the case, will strike some theorists as very remarkable.

I will now lay before the reader a detail of cases of families, and of localities, which came to my knowledge during, and since the prevalence of cholera here last summer:—

* About 5,400 hydrants.

CASE OF THE WALTER FAMILY.

Mr. William Walter removed from Clark street to Walnut Hills, June 5th, 1849; his family used *rain water exclusively*, at both places. Mr. Henry Walter (the father) and family lived near by, and used *spring water*. The brother of Mr. William Walter (Thomas) removed with him to Walnut Hills, and left him to reside at the house of his father, (adjoining lot,) where he made use of the *spring water*, took the cholera and died; Mrs. Walter (mother) took the cholera and died; likewise, Mr. Henry Walter. The son of Mr. Wm. Walter, a child of three years of age, drank the spring water at the house of his grandfather, which soon produced diarrhœa; timely medical aid saved him. Two friends of Mr. Wm. Walter, from the country, spent a few days with them, and being dissatisfied with the *taste* of rain water, gave preference to that of a well; both soon felt the effect of the change, in disordered bowels, but took cholera medicine, and recovered.

Those of Mr. Wm. Walter's family, (five in number,) who adhered strictly to rain water, enjoyed uninterrupted good health throughout the prevalence of the epidemic.

Mortality at a framed house on Race street, above 15th, north of the Jew's Synagogue:—

A small house,—nothing objectionable in point of location,—9 deaths; supplied with rain and well water; my informant, (a German woman,) said, "We use the cistern to wash with, and we drink always the well water."

Mortality at the house and vicinity, S. W. corner of Fourteenth and Elm streets;—a large brick house,—location unobjectionable—18 deaths. A grocery store on the ground floor; the owner of which says, "the water of a well in the yard was used by the tenants, (of whom there were many). There were no deaths on the opposite side of 14th street, in three or four houses; they were supplied with cistern water; but five died in two small brick houses adjoining, (east,) they have a well in the yard," he added, "all the houses on Elm, south of 14th street have cisterns, and had no cholera;"—he meant as far south as the graveyard.

Walker's extensive Porter and Ale Brewery. My informant, one of the persons employed, says:—"We all drink as much as we want; *one* won't drink anything but water;" (he drank well water, on Buckeye street;) "he was a sickly man, and died—the rest of us all kept well—no cholera."

There are four more porter and ale breweries, and but one person died among them; and he gave a preference to water, as I am informed; the same immunity appears to have been experienced at the breweries of London, Paris and Philadelphia.

Mortality at the house on Plum street, corner of William street. This is a large framed house; nothing objectionable in the loca-

tion; occupied by many families; 25 deaths by cholera, (5 children;) tenants, all supplied with rain (cistern) and well water; "used the well water for drink, and the cistern water for washing; the rain is *nasty*, (probably an allusion to the color imbibed from coal soot off the roof,) but good to wash with." This information is from a woman, tenant.

Mortality at a house on Race above 15th street:—large brick house occupied by many families. Mr. Griffith, agent for the owner, and living on the premises, informs me that 24 persons died; "cistern water (rain) sufficient for all the tenants, but they would resort to a well near by for water to drink, preferring it on account of its coolness,—advised them against the use of well water." Mr. G. says that *he* "drank cistern water *exclusively*, and retained his health; although greatly exhausted by fatigue, anxiety and loss of sleep." Nothing objectionable in point of location, and premises appeared to be kept in very good order; lime was strewn in the gutters, but with no apparent good effect.

At the corner of Liberty street and Broadway;—two brick two story houses—8 deaths—well in the yard; high and airy situation, and good buildings:—one person died in the house next door. Mr. Craig and his next neighbor, near by (north,) use rain water—had no cholera.

At the S. W. corner of Franklin and Hanover streets, 10 died—*well* in the yard.

On Main street, corner of Orchard, 9 persons died in three two story frame houses—*well* in the yard.

At the N. E. corner of Twelfth and Walnut, 7 died—*well* in the yard.

Twelfth, near Vine, 2 died—*well* in the yard.

At the N. E. corner of Hanover and Woodward, 8 died—*well* in the yard.

Brick house on Tanner street, east side, 17 died—*well* in the yard; and opposite side of the street, two died—*well* in the yard.

Spring street is nearly altogether supplied by cisterns, and no deaths occurred, except Mr. Raymond and a little girl, both of whom drank well water.

House on Liberty street, first east of Mansfield street, 2 died—*well* in the yard—(hill side.)

The Whittaker families, Deer Creek road, lost seven persons; Mr. W. says, "we use spring water altogether."

Dr. Ray, residing on Broadway, north of Franklin street, was very careful in restricting his family to the use of rain water, but having a well on his premises, Mrs. R. drank of it by mistake; and although the quantity was but a *half pint*, decided symptoms of cholera soon supervened, and her life was saved with great difficulty. Strange, and nearly fatal effect, of a *single glass* of well water!

In answer to a request for information from J. Frazer, Esq., at "Woodland, 21st December, 1849," one mile from the city, he says:—"During the recent prevalence of cholera as an epidemic, my family, and my gardner's family, used cistern water exclusively, and both families escaped the disease. Five persons in my immediate vicinity had severe attacks of it, and three of the cases proved fatal; they all used hard limestone, well or spring water."

The family of Mr. Bowler, about four miles north, consisting of 27 persons, used cistern (rain) water *exclusively*, and had not a case of cholera among them. Mr. Gano's family, a little beyond Mr. Bowler's, of 17 persons, had no cholera among them; they also used rain water *exclusively*; it will be observed that these are large families.

* Sandusky suffered dreadfully by the epidemic; it fell upon that place with a degree of fatality seldom equalled; the greater part of the population fled from the town in dismay; it was impossible to procure decent burial for the dead, and fifty corpses were buried in one great hole!

Here we find a very pleasantly situated town, on a gentle slope from the Bay, (Lake Erie.) A want of cleanliness would be looked for here in vain; the population inferior to none in morals and industry; this mortality is readily accounted for. Sandusky is built upon limestone which is but lightly covered with soil, and crops out in many places; the *wells* are sunk into the limestone;—thus the mystery is explained.

As the cholera was reported to prevail with frightful malignancy at New Hope, about forty miles east, I wrote to Mr. James J. Smith, of that place, for information; he says, in answer:—"At the time the cholera visited this village, (6th July,) it contained 136 inhabitants, and out of that number 28 died in the short space of 22 days. It commenced about the same time in the neighborhood, not more than a mile from the village, and 23 of the inhabitants died; and two others, one of whom, the mother of some of the afflicted—the other, a physician, making altogether 53; and the farthest being but little over three miles from this place. Upon inquiry, I found that the water used was limestone, in every family." Thus, in this small village, and a few farms near it, 52 persons died in a few days! Now, let us contrast this village with Vevay, on the *blue silurian* formation, on the bank of the Ohio,

* Honor! all honor and gratitude! to those men and women, who, after devoting themselves to hospital duty here, in constant attendance on the sick, hastened to a new field of hazardous and fatiguing attendance on the sorely afflicted population of Sandusky. The cry of distress was heard as a summons, which was responded to promptly, and the following true philanthropists were soon to be found at the bedsides of the sick and dying, viz: Drs. Strader and Caroland, Mr. Baily and two experienced nurses; they were soon followed by Drs. Ochiltree, Banks, Stevens, Foote, Hughes, Raymond, Lindsey, Quinn and Follin; and Messrs. York and Hinsdale:—Mrs. Couden and five hospital nurses.

about 75 miles down the river, a town of about 2000 inhabitants; it was supplied by a large *public* well of calcareous water, the use of which was prohibited during the cholera season, and the people used rain water, each house being provided with a cistern; the happy result from this prudential measure was, that not one of the *inhabitants* died with the cholera!

Several towns of considerable population, as Lawrenceburg, Harrison, &c., situated on the alluvion, and where the wells produce *soft water*, have escaped the disease.

Lewis county, Kentucky, and some ten or twelve counties, from Fairfield county to the Ohio, in this State, are generally on sandstone formation, interspersed with iron ores, with a very small proportion of limestone; the water, therefore, is almost universally *soft*, (*sandstone*,) and the cholera has not prevailed epidemically in those counties; but when persons who resided there visited this city, during the prevalence of cholera, they *seldom returned home again*. I knew of three men who came down in a boat from Lewis county last summer, all of whom took the cholera and died; and two from Lancaster, Ohio, both died; and I believe very few escaped, if they used water alone, unless it were rain water.

As the disease prevailed with peculiar malignity at *Birmingham*, near Pittsburgh, I wrote to a gentleman there for information; he says:—"In Pittsburgh, where the people use Alleghany water exclusively, the deaths were but 25 to 30. In that part of Birmingham near the river, and where the river or rain water was used, there appeared to be no mortality; but the limited population near the hill, which used spring water, suffered much, the number of deaths being about 285. No beneficial effects were perceptible from the use of numerous coal fires, and large quantities of lime, the former being decidedly injurious."

The *strong array of facts* adduced might be greatly enlarged were it necessary; they prove conclusively, that water containing *certain mineral elements* is a *proximate cause* of cholera, and that rain water is a *prophylactic*; much *more certainly so than that vaccination is a preventive of small-pox!* for numerous cases have occurred *here lately*, of persons taking the small-pox who had been vaccinated by the most respectable physicians; but I have not yet had reason to believe that a single individual has deceased who used rain water *exclusively*; and I believe the same remark will apply to the use of water that had been *boiled*; such was used by many families.

(Concluded in our next number.)

Part 3.--Editorial.

MOURNFUL EVENT.

SAD is the intelligence which this Journal must bear to the friends of Reform! A noble hearted friend of humanity, a leader in the holy pathway of benevolent science, has fallen in the midst of his labors!

Dr. THOMAS VAUGHN MORROW is no longer numbered among the living! He rests from his labors, and his name has become a portion of the history of the past. Endeared to thousands by his medical skill and kindness, and to hundreds of the medical profession by his energy and fidelity in the high calling of a medical teacher, his name will long be held in affectionate reverence—not only throughout the valley of the Mississippi, (the field of his labors,) but throughout the limits of our Republic.

Standing in the ranks of an aristocratic and organized profession, he had the signal honor of rising above the spirit of the times, and adopting a nobler code of medical ethics, when its adoption was perilous to reputation and worldly prosperity. This nobler code commands a more diligent research into the arcana of Nature for the relief of suffering, and a more careful avoidance of all those means by which the medical art becomes so often destructive to life—it commands too, a more liberal reception of truth from every quarter, and a more zealous co-operation in the cultivation of all useful knowledge. In obedience to these noble principles, a great and benevolent system of science has been erected, which now extends its blessings to hundreds of thousands. Of this great system, Dr. Morrow was one of the architects, and for twenty years past, his indefatigable energy and noble zeal had made him a leader in the great enterprise of medical revolution. He was the devoted friend of the cause—the unwearied teacher—the fearless reformer—who through tedious years of opposition,

insult and ridicule from the first foundation of the Worthington School to the last triumphant success of the Eclectic Medical Institute, bore the heaviest burden of the great cause which was ever present to his mind, and furnished in his own person the nucleus and living centre, around which were finally gathered the elements of power, and progress, and triumph.

But death has removed him from our midst. With all his zeal that admitted of no discouragement—with all his faculties mature, yet still improving in knowledge—with a vigorous frame unimpaired by age—with every professional prospect bright, and with his promised work on practical medicine scarce half completed—he has laid down the pen forever!

The disease which has robbed us of our friend and society of a benefactor, was a peculiarly severe attack of Dysentery. For some weeks prior to the attack, his digestive organs appeared to be in a feeble condition, and as it approached gradually, he neglected to pay that strict attention to his own case which he would have enforced upon a patient. After about a week's illness, during which he had used the usual resources of medicine dictated by his own judgment, the disease appeared to have made a steady progress unchecked by all that had been done. A high state of irritation appeared to have been established throughout the whole alimentary canal—frequent bloody evacuations occurred with but brief intervals, and the stomach appeared incapable of retaining any material quantities of medicine. His medical friends alarmed by the urgent symptoms of danger, gathered by his bed-side, and kept up night and day all the attentions and remedial measures which he could be induced to receive—acting in concurrence with his own judgment, which appeared clear and correct, up to the last hours of life. The intolerance of medicine, the uncontrollable passive hemorrhage-discharges of mucous membrane, and the ulceration which was perceived in the fauces, all indicated the great extent and intensity of the disease, under which he gradually sunk into unconsciousness, and died a few minutes before twelve o'clock, A. M., on the 16th of July, in the 46th year of his age.

Let us emulate his noble example in devoting our lives to a worthy object. Talent and learning, ability and resources of all kinds exist among those who favor reform, and if its champions who survive, devote themselves with equal fidelity and for as long

a period as our lamented friend, to the regeneration of the healing art, the triumph of truth and benevolence will be witnessed in our own day.

At a called meeting of the Eclectic Medical Society of Cincinnati, on Wednesday evening, July 17, the following resolutions were unanimously adopted:

Whereas, The mortal career of Dr. Thos. V. Morrow has been suddenly arrested by the hand of death, in the midst of a life devoted to the welfare of mankind—

Resolved, That we deeply sympathize with his afflicted family on this sad occasion, and hope their fortitude may be sustained by the recollection of his good deeds and the noble aim of his well-spent life.

Resolved, That we regard his death as not only a private misfortune, but a public calamity—saddening to the hearts of his professional brethren—to the friends who relied upon his skill and knowledge in the hour of danger, and to the thousands who were deeply interested in his labors for the improvement of American medical science.

Resolved, That we regard his long and laborious exertions to elevate medical science to a higher condition of truthfulness, benevolence and comprehensiveness, as a noble example for the emulation of all.

Resolved, That we regard it as due to his signal services to American medical science, and to the feelings of his friends and pupils, that a suitable memoir of his life be prepared and published by his former colleagues, not only as a monument to his memory, but as an example to the rising medical profession of our country.

THE following appropriate notice is from the Cincinnati Dispatch.

DEATH OF PROF. THOS. V. MORROW.—This distinguished physician and medical teacher died a few minutes before 12 o'clock on Tuesday, in the 46th year of his age, after a severe attack of dysentery. Dr. Morrow had devoted his life from the commencement of his career, with unequalled ardor and assiduity, to the establishment of the American Eclectic system of medicine. His labors were crowned with success, and hundreds of his medical pupils throughout our country will mourn his loss. His medical writings, from which so much was expected, have been arrested in the midst of their progress, by this melancholy event. His memory will long be revered as an example of magnanimous and unconquerable devotion to the highest interests of his philanthropic profession.

THE PAST, THE PRESENT, AND THE FUTURE.

THE present is an interesting epoch in the history of Medical Reform. When we look back upon the struggle of the past twenty years in this state; since the standard of Medical Reform was planted at Worthington, we are cheered by the great fact that right and truth, sustained by honest and unflinching perseverance, have triumphed over all the obstacles erected by organized and bigoted opposition. We perceive illustrated in the history of Eclectic Medical Reform, the great moral truth that "honesty is always the best policy." Had the leaders in this great enterprise possessed less of stern integrity—had they quailed before odium and opposition—had they been willing to court popular favor by the sacrifice of their conscientious convictions, they might, doubtless, have pursued a lucrative and respected career; but their names would have been confined to a very different celebrity—a fame co-extensive with our nation, and the gratitude of future generations could not have been theirs.

Every good deed done in the infancy of a great enterprise, with the stern heroism of moral courage, becomes, not only a source of future happiness and benefit to mankind, but a source of self-respect—of happiness and mental elevation to its author. In the course of a long life, the expenditure of mental energy, in ardent devotion to great and benevolent truths, is the surest investment for temporal as well as eternal happiness.

With the triumphant and cheering progress of the last twenty years before us, who can falter now in the prosecution of the great career which is opening. The great cause of American Medical Reform is now established in permanency and power—a strong and zealous party exists; organized for noble ends—struggling like the patriots of our continental congress, "for freedom to themselves, freedom to posterity, and the welfare of mankind." The charters of five medical colleges already enacted, show that our country is organizing and preparing for the great revolution. The first great difficulties have been overcome. Popular sentiment has been enlightened, and the public mind so thoroughly impressed by the principles of medical liberalism, that all medical parties have secured equal rights, privileges and honors, with the constituted

authorities of our country. Our course is plain; let us prosecute with redoubled energy the duties that we have assumed, by precept and example; by teaching and by practice; by writing and publishing, until the land is filled with medical truth; but in the height of our zeal, let us never fall short of the lofty mark at which we aim; let us never stand on a narrower platform than that of all comprehensive Eclecticism; let us never, in any way, relinquish the cherished privilege, and sacred duty of seeking in all the resources of nature and art, the best means of quickly, safely and surely relieving disease. Let us never become the blind partisans of any system or rule of practice which, in the present state of our knowledge, may be regarded as best. Let us ever bear in mind, that medicine is a progressive science, and all the knowledge which we can possibly have in the present, is small in comparison with that which will exist in the future. Let us never cease to exercise, actively and judiciously, our special privilege of overlooking Homœopathy, Allopathy, Chrono-thermalism, Hydropathy, and other systems of practice; and gathering from all the resources which we can render available for the relief of human woe. It may be that the mind of man is too limited, and his life too brief, to master all the knowledge that is desirable for the consummate physician; but the vast amount of knowledge that is requisite, instead of discouraging our efforts, or inducing us to settle down into a barren routine, should continually impel us to additional exertions to fulfill our great responsibility. The most lamentable evil which could befall our sanguine living and progressive profession, would be that selfish and sluggish apathy which settles down into a narrow routine, and stubbornly contends for its own superiority over everything else; as though the limits of science had been attained. The Eclectic physician who fails to peruse diligently the best works of Allopathic, Homœopathic, Hydropathic and Chrono-thermal writers, may be a very able practitioner, and far more successful than his orthodox and unreformed neighbors, yet he cannot fail to fall behind the progress of the times—to lose a great number of highly important suggestions, and to leave much suffering unrelieved, which a more extensive knowledge would enable him to treat successfully.

The striking contrast between the Eclectic and Old School practice, is too apt to create in the mind of the Eclectic practi-

tioner, a feeling of satisfaction and conscious self-approbation, which relaxes his energies and diminishes his ardor for improvement. They who allow this soothing influence to relax their mental energies, will find themselves, in time, very perceptibly in the rear of the younger members of the profession: even with Old School practitioners, this is very commonly the case; and in our ranks, with a far more rapid rate of progression, no one can keep pace with the advancement of Eclecticism, whose mind is not ever on the alert, and eager for the reception of additional knowledge.

ECLECTIC MEDICAL INSTITUTE.

THE next session of our school will open with a Faculty which cannot fail to gratify its friends.

Professors HILL, BUCHANAN, JONES, GATCHELL and ROSA will be at their posts as usual. Professor STALLO, whose legal professional business interfered too much with the duties of his chair, has resigned the department of chemistry. His brilliant talents will doubtless be highly successful at the bar. As the successor of Dr. MORROW, the public sentiment of our profession at once pointed to his old colleague—the able and veteran practitioner, Dr. I. G. JONES, of Columbus. No man in America stands higher in the ranks of Reform, as a sound practitioner and able teacher.

The importance of maintaining our great medical movement in full vigor and efficiency in its collegiate center, has induced some little delay in the publication of the present number of the Journal, in order that a definite announcement might be made after careful and deliberate consultation. The result of our deliberations will be seen below, in the form of our annual advertisement. At the present time, these arrangements have not been finally enacted, but there is scarcely a doubt that our programme for the next session will be as follows.

In this arrangement it will be seen that a chair of Homœopathic practice is occupied by a Homœopathic professor. It is perhaps well to state at the present time, that this arrangement is but temporary. Homœopathy has colleges of its own, and now no longer needs the fostering care of Eclecticism. We have sheltered a persecuted stranger whom we believed to possess many good quali-

ties, but as he is now able to protect himself from the despotisms against which he rebelled—it has been tacitly understood by all parties that we separate with cordiality, and bid him God-speed on his mission of rebellion against Allopathy. But at the same time we gently whisper in his ear, “Be very careful my friend, that when you overthrow Allopathic Hunkerism, you do not establish another form of Hunkerism in its place.”

When we thus part company with Homœopathy as an exclusive system, it is not to be supposed for a moment that we relinquish our Eclectic privilege of appropriating to our own use as much Homœopathic knowledge as we may deem useful. On the contrary, we expect to derive much benefit from Homœopathic investigations hereafter, and to yield due honor to the labors of Hahnemann and his followers, without relinquishing any medical truth previously well established.

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JOSEPH R. BUCHANAN, M. D.—Medical Chemistry and Cerebral Physiology.

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I. GIBSON JONES, M. D.—Theory and Practice of Medicine.

STORM ROSA, M. D.—Principles and Practice of Homœopathy.

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ticket \$5, which gives access to the clinical lectures of the extensive Commercial Hospital. Board from \$2 to \$2.50 per week. Students occasionally board themselves in clubs for one half of this amount.

The leading principles of the College are, that all medical treatment should be of a safe and restorative, instead of a dangerous or debilitating character—that knowledge should be sought freely from all sources, and that no medical creed should be enforced by prescriptive associations. The Eclectic system of practice embraces a great number of medicines and remedial measures, not generally known or used, and its success is believed to be unequalled. The average mortality of cholera under Eclectic practice, has been less than five per cent.—the average mortality from all diseases, less than two per cent. The Institute also, liberally affords its students an opportunity of becoming familiar with the Homœopathic system. Students will call upon their arrival in the city at the office of Prof. B. L. Hill, Secretary of the Faculty, N. W. corner of Ninth and Elm. For further information address, post-paid,

JOS. R. BUCHANAN, M. D., DEAN.

THE ECLECTIC MEDICAL JOURNAL.

THIS Journal will be conducted in all respects as heretofore, by its editor and publisher. The business department of the Journal, heretofore attended to by Dr. Morrow, will be conducted by the editor, to whom all communications of any character should be addressed. There will be no change either in principles, policy or business. The name of the corresponding Homœopathic editor has been omitted, in consequence of the fact that his editorship has been rather nominal than real—nothing having been contributed by him to the present volume, and very little to the former. The responsibility for the character of the Journal belongs to its actual editor alone.

The disarrangement of our business affairs, produced by the death of Dr. Morrow, has necessarily caused some delay in the publication of the August number, and will render it impossible to publish a correct list of the cash receipts for the past month. Hereafter I shall make an effort to have the Journal published and mailed with greater regularity. Notwithstanding the heavy expense of maintaining the Journal, and the very inadequate returns from subscribers, its editor and its friends have determined that it shall not be suspended on account of pecuniary difficulties.

The review of the business of the Journal discloses some lamentable facts, which ought to stimulate every friend of Medical Re-

form to make decisive exertions, and to display some degree of liberality.

It is now about three years since Dr. Morrow and myself combined in the pecuniary and editorial responsibilities of maintaining a Reformatory Medical Journal—we have expended money, time and labor to the serious neglect and injury of our private interests. How have we been sustained? There are more than two thousand practitioners in the United States who are deriving an income from the reformed practice, and who are bound by gratitude as well as by policy, to sustain a Journal devoted to their cause—yet we have not had quite one thousand subscribers!

Yet, far worse than this, is another fact. It would not require more than five hundred honest cash-paying subscribers to pay the expenses of the Journal. We have always had more than that, and yet, we have never collected enough to pay its printers! On the contrary, with all our exertions, we find that during these three years we have sunk more than eight hundred dollars of our own money—expended to publish the Journal for the benefit of subscribers who will not pay these little debts of honor.

If this notice reaches the eyes of these delinquents, I hope they will reflect a little more seriously upon their duties. For three years past I have relinquished profitable engagements and declined medical practice, in order to attend to the great public interests of the common cause. I have done this too, without any expectation of pecuniary reward, and I have not been disappointed. My labor has been entirely gratuitous—but in addition to that, I share the loss of eight hundred dollars as our private contribution to the general welfare of the cause.

While the editors of the Journal have thus been allowed to sacrifice their own interests and labor for the common cause, they have asked no assistance from any one, and so far from receiving the slightest assistance, they have been defrauded of their honest dues—will not this statement arouse every conscientious reader of the Journal to ask himself whether he has acted honorably, or whether he has been co-operating with the enemies of Reform, by oppressing and injuring those who are laboring for the public good.

If the Journal were published as a matter of pecuniary profit, such losses might be borne, but as it is, this petty robbery can be borne no longer. The names of delinquents who have manifested no disposition to do their duty must be erased from the list.

THE LOUISVILLE SCHOOLS.—The Louisville Medical Institute and the Kentucky Medical College, conducted by the Faculty lately of Lexington, are in a state of lively competition. The “American Reform Medical Institute of Louisville,” has issued its circular, from which we learn that its session is to be twenty weeks long, and the price of its tickets \$105 per session, beside matriculation \$5, dissection \$5, and graduation \$25. It will probably be found by experience, that high fees and long terms will not be very profitable in the end. The tendency of the age is toward cheapness. The effort to elongate the session is laudable, but its success is doubtful. There are some injudicious expressions in the circular, which ought to have been stricken out—such as the statement that “all who are in the habit of administering any of the metallic preparations as internal remedies, are not true Reformers. We cannot recognize them as such.” This expression as it stands is exceedingly erroneous. The medical Reformers of America have certainly been in the habit of using whenever appropriate, preparations of iron, which is certainly a metal. It is true, the greater part of the metallic preparations are objectionable as internal remedies, but such unqualified statements in the official announcement of a school, are quite unfortunate.

THE EDITORIAL PHRASE, WE.

HAVING always disapproved of the editorial WE, I have adopted in the Journal of Man the more truthful pronoun I, which should always be used when a single individual speaks, in the first person. In this Journal I have not heretofore adopted that style; as it had not been previously introduced into its pages, and the pronoun we might be allowable when more than one editor shared the responsibility. Hereafter I shall speak in the singular number.

GEOLOGICAL THEORY OF CHOLERA.—The essay of Mr. Lea, in this number, developes some interesting facts. Mr. L. probably attributes too much importance to his geological idea, yet it is certainly worthy of attention. Many other facts seem to coincide with his views.

CONCENTRATED MEDICINES.—The advertisement of E. S. McClellan & Co. is worthy of the attention of our readers.

A communication from Drs. Canniff and McClellan has been inserted in this number, reflecting rather severely upon Dr. J. Brown. I have since been informed, that whatever his language may have been, the expressions of Dr. B. were not at all designed to allude to Drs. C. and M. This being the case, I regret that any controversy should have arisen through inadvertence, and hope it will proceed no farther.

DR. G. MIESSE is said to be doing an extensive and successful medical and surgical practice at Greenville, Ohio. The following notice of one of his operations is from the *Greenville Herald*:

REMOVAL OF A NEUROMA.—Another very delicate operation was successfully performed by our Eclectic surgeon, Dr. G. Miesse, of Greenville, upon the person of Miss L. Robinson, who had an enlargement of the median nerve. This part of the nerve which was removed was one inch in diameter, and about three inches in length, and with this a tumor of equal size, embedded in the tendons and arteries of the carpus or wrist and fore arm, pressing upon the radial artery, which were dissected from the same, and removed without the slightest injury to the tendons, blood-vessels or nerves, and the use of the hand fully restored. Such skillfulness is worthy of the highest praise.

WISCONSIN.—Dr. T., an Eclectic physician of Janesville, Wisconsin, says: "There are some six or eight practitioners in this State, and of course increasing, as all are doing well, and I can safely say there is no State in the Union, (except Ohio perhaps,) where Reform takes so well as here, for I doubt not there are five hundred places where a Reformer might make good living if no more. Therefore, if you have a surplus of practitioners, and desire for them locations, send them to our State—there is room—'the harvest is plenty but the laborers are few.'"

DR. JOHN T. SHOTWELL, Professor of Anatomy in the Ohio Medical College, and perhaps the most popular and esteemed member of the Faculty, died on the 23d of July.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. II.]

SEPTEMBER, 1850.

[No. 9.]

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debilitant character—that knowledge should be sought freely from all sources, and that no medical creed should be enforced by prescriptive associations. The Eclectic system of practice embraces a great number of medicines and remedial measures, not generally known or used, and its success is believed to be unequalled. The average mortality of cholera under Eclectic practice, has been less than five per cent.—the average mortality from all diseases, less than two per cent. Students will call upon their arrival in the city at the office of Prof. B. L. Hill, Secretary of the Faculty, N. W. corner of Ninth and Elm. For further information address, post-paid, **JOS. R. BUCHANAN, M. D., DEAN.**

SIXTH ANNUAL ANNOUNCEMENT OF THE ECLECTIC MEDICAL INSTITUTE.

The Board of Trustees of the Eclectic Medical Institute have the pleasure of again announcing the prosperous career of a College devoted to a liberal system of Medicine.

But the pleasure of this announcement is mingled with grief for the loss of a member of the Faculty whose ability, zeal and devotedness have endeared his name to every friend of Medical Reform throughout our Republic.

To the energy, public spirit and professional ability of Dr. THOMAS VAUGHES MORROW we are indebted more than to the exertions of any other individual for the origination and successful establishment of a college devoted to Medical Reform. No other member of the medical profession has toiled so long or devoted so great an amount of time to this noble enterprise. With this enterprise his name and fame were identified, and its success is the best monument to his memory.

The energy, discretion and liberality which were manifested in his first efforts enabled him to secure the co-operation of others equally ardent and efficient in their devotion to the great principles of the school, and qualified by their various talents and attainments to advance and sustain the College in the first rank of American schools.

Under the embarrassment produced by the sudden and unexpected loss of the Dean of the Faculty upon the eve of the annual announcement, upon whom the principal responsibilities of the school devolved during the absence of several of the Professors, every exertion has been made by the Faculty and Trustees to reorganize the school as speedily as possible and send forth an early announcement of the programme of the next session. We are gratified in being able to announce that everything has been arranged in the most satisfactory manner as to the division of the chairs and their occupancy by each.

Prof. L. E. JONES will occupy the chair of *Materia Medica, &c.*, as usual.

Prof. B. L. HILL will occupy the chair of Surgery and Obstetrics, as before.

Prof. H. P. GATCHELL will occupy the chair of Anatomy, and the details of corporeal Physiology will be assigned to his department.

Prof. J. R. BUCHANAN will continue to teach the physiology of the nervous system, in which he has made so many important discoveries, and in place of the details of common physiology, he will take up the collateral subject of Medical Chemistry.

The chair of Chemistry heretofore ably filled by Prof. J. B. STALLO had been rendered vacant by his resignation at the end of the last session—a resignation rendered absolutely necessary by the engrossment of his time in professional labors at the bar. The subject of Chemistry having been assigned to Prof. Buchanan to be taught in its proper connection with Physiology and practical Medicine, no other appointment will be necessary for that department.

The remaining chair of Theory and Practice of Medicine, lately occupied by Prof. Morrow, demanded for its proper occupancy not only a skilful teacher but a man of extensive experience and high reputation, in whom the Eclectic Medical Reformers of America would repose entire confidence as an able and judicious teacher. Such a man, we are happy to say, has been found in Prof. I. G. Jones of Columbus, the old fellow-student and colleague of Prof. Morrow in the earliest movements in the West in behalf of medical reform. Of his skill and judgment as a practitioner, and of his ability as a teacher, there is but one opinion, and he is unanimously regarded by the profession as above all others the proper man to occupy the vacancy left by Dr. Morrow. Dr. J. is no theoretical declaimer nor factious partizan, eager for the establishment of some favorite doctrine, but a profound, judicious and conscientious physician, whose instructions, based upon positive knowledge and cautious examination of facts cannot fail to make a deep impression and to prove a safe and successful guide under the arduous responsibilities of medical practice. These merits, together with his terse and vigorous style of thought and speech as a teacher render Dr. J. eminently worthy to be associated with the distinguished occupants of the several chairs, and to bear the high responsibilities to the profession and to the country which attach to the chair of Theory and Practice of Medicine in a flourishing college.

We congratulate the members of the medical profession upon his acceptance of this appointment, which gives additional assurance of the future prosperity and reputation of the school.

In accordance with the respected custom of awarding an honorary title to senior members of the profession who have rendered distinguished services to medical science—the title of Emeritus Professor of Clinical Medicine accorded to Prof. W. Beach, by the Institute, (with which he has heretofore been actively connected,) is a suitable recognition of his pre eminent services to his country as the pioneer of American Medical Reform. To him belongs the distinguished honor of being the first medical man to take a stand in the profession for its thorough practical reform, and to maintain that position with skill, judgment and energy, without running into any of the rash extremes so common among medical innovators and theorists.

The reputation of Professors Buchanan, Hill and Jones, established by their career as medical teachers, and by their widely circulated writings, is of the highest order. The physiological writings of Prof. Buchanan and the surgical work of Prof. Hill, are conspicuous illustrations of the most advanced progress of the American mind on those subjects.

As a lecturer on Anatomy, Prof. Gatchell, whose name was first announced in our last annual circular, has fully sustained his reputation as an able and learned teacher.

The corps of Professors at present consists of gentlemen, each eminent in his own department, constituting in the aggregate a body unsurpassed by the Faculty of any other College in the United States, in respect to their capacity for imparting a thorough practical and useful knowledge of medical science. This superiority arises from the fact that in addition to their eminent personal qualifications, they occupy an independent position, and instead of regarding improvements in science with cautious timidity, are proud to be known as the foremost in knowledge and as masters of the amplest practical resources.

In accordance with this magnanimous spirit the Institute has extended its countenance to one of the most remarkable modern innovations of medical science—the system of Homœopathic practice—a system dishonored and excluded by all other medical colleges in accordance with the party spirit which has ever prevailed in the profession. Recognizing Homœopathy as a contribution to medical science, worthy of investigation, the Institute has tendered its students an ample opportunity of becoming acquainted with its details.

This movement was prompted by no considerations of policy, for it was

well known that the Homœopathic party like all other exclusive parties claims an unqualified and undivided allegiance from all who approve its tenets, and looks with jealousy if not with aversion upon those who but partially recognize its claims. An eminent Homœopathic physician was selected to represent the system, not because the Institute approved the position of the Homœopathic party, but because it wished to give to the world every assurance of entire good faith and cordiality in its relations to a rival party, and to give to that party the opportunity of being represented by their own especial advocate.

Having thus, during the past session, exhibited a magnanimity without precedent in the history of medical schools—a magnanimity which is peculiar to those who are in the possession of truth, and who have nothing to fear from investigation, it is considered unnecessary to give any further evidence of the catholic liberality of the school which has been so fully demonstrated. The Board are therefore gratified to announce that the Professorship of the principles and practice of Homœopathy has been formally abolished.

An additional reason for the change is derived from the internal economy of the school. The existence of seven professorships, and consequently of seven daily lectures, in addition to other exercises, was found upon trial to impose too great a burden of mental labor upon the members of the class. Its effect was so injurious upon their health and proficiency as to render a diminution of the number of daily lectures absolutely necessary.

If any additional reasons for the change were requisite they might be found in the character of the party to which the hospitality of the College has been tendered, and the unworthiness of such a favor which has been manifested in their course. It was originally supposed that a Homœopathic professorship might be maintained for two years in the Institute without inconvenience, at the end of which time it was designed to discontinue the chair. This gratuitous kindness to a system of medical doctrines commonly regarded as visionary and ludicrous, appeared to be neither appreciated nor understood by the party thus favored. On the contrary, a vehement and slanderous opposition to the Institute was manifested by prominent members of the very party to whom this kindness had been extended.

The bigotry and censorious language of Homœopathic physicians who seemed to dread the influence of a liberal school and to shrink from the comparison of doctrines, necessarily destroyed their claims to the respect and confidence of the Eclectic party. Their shrinking from the free investigation of doctrines and contact of mind with mind under circumstances so favorable and liberal to themselves, proved clearly that if they had confidence in their own doctrines they had much less manly reliance upon the power of truth than the Eclectic party.

The intolerance which has appeared to characterise the majority of the Homœopathic party, proves that ultra Homœopathy stands in as hostile relations to liberal medicine as does the fashionable system of Allopathy. The Institute cannot therefore extend its countenance to a party which takes advantage of every concession and courtesy to make war upon the principles and progress of Eclectic Reform.

The students of the Institute will continue as before to consult with Eclectic discrimination the pages of Allopathic and Homœopathic text-books, but no proscriptive and intolerant party can ever be allowed again to occupy a place in the regular course of lectures.

In these remarks, while condemning the Homœopathic party, we do not mean to include all practitioners of Homœopathy. On the contrary, we respect as conscientious medical reformers those who discard the authority of Hahnemann or any other master, and adopt with discriminating independence, the principles and resources of Homœopathy without discarding or condemning the resources derived from the American medical reform, or any reform of similar spirit and objects, and who fraternize cordially with every species of sci-

tific sanative medical reform. Gentlemen occupying this position as independent reformers or Eclectic Homœopaths, are entitled to our respect for their high-minded course which is well calculated to break the shackles of proscriptive parties.

In abolishing the Homœopathic professorship, it is not designed to cast any censure upon the late occupant of that chair, Prof. Rosa, whose relations with the College, the Faculty and the class have been those of mutual kindness and courtesy. The claims of the Eclectic system of medical practice were duly recognized by Prof. Rosa, and the lectures of the Institute were prosecuted in a harmonious spirit. But the progress and result of this experimental trial have shown to the satisfaction of all, the absence of a liberal spirit of Reform in the great medical parties which have originated in Europe, and have greatly strengthened our convictions of the vast superiority of the American Eclectic Medical Reform over all semi-philosophical and pseudo-reformatory systems which embody some single idea or principle, and forthwith under the fascination of some dominant idea or some leading mind, discard the rich and varied results of the clinical experience, not only of past generations, but of the present enlightened and practical age.

CALVIN FLETCHER, President.

ISRAEL WILSON, Secretary.

SIXTH ANNUAL ADDRESS

OF THE

FACULTY OF THE ECLECTIC MEDICAL INSTITUTE,

TO THE MEMBERS OF THE MEDICAL PROFESSION.

A medical school bound by no sectarian dogmas, and protesting against all attempts to erect a particular standard of medical faith, has great occasion to define its true position and to state explicitly the objects and characteristic spirit of its course of instruction. The Faculty of the Institute therefore deem it necessary in every announcement to set forth distinctly, in perspicuous and unmistakable language, the position which they hold among medical parties, and the leading doctrines or pervading spirit of AMERICAN Eclecticism.

The name Eclectic commends itself at once to all who approve of liberal investigation and who deem it their duty to gather knowledge from every available source. As an indication of mental liberality, the term is faultless, and when such a term is applied to a medical school in the midst of professional organizations controlled by a narrow and inflexible party spirit, it is eloquently significant of a change for the better—a suspension of professional bigotry, an extension of professional investigations, and a vast increase of useful resources as well as of philosophic truth. But however admirable ECLECTICISM may be in this sense, the term is not entirely free from objections, nor is it entirely adequate to conveying a full conception of the character of the Institute. A school *merely Eclectic* would have but the merit of the industrious and impartial compiler. In that character it would merely accumulate with learned industry and arrange in order the various productions of more vigorous intellects in different ages and nations, thus giving to its instructions a character of diversity and richness, if not of harmony and force.

The term Eclectic does not imply original research or positive opinions, or bold and definite statements of principles. On the contrary, it may be appropriated to the intellectual labors of those who have not the energy necessary to *create* or *discover*, and who are therefore dependent upon the productions of more vigorous minds for the character of their doctrines. Hence the term

Eclectic is justly objectionable as not of itself conveying the idea of anything valuable beyond the common stock of professional knowledge, or of any bold and decisive course of action, based upon great principles. That which is *merely Eclectic* is liable to be indefinite, confused and unstable.

But when Eclecticism is based upon a solid foundation—when a medical party has determined upon a course of action based upon certain great principles and facts—and when, in addition to its own positive knowledge and efficient action, it avows an eclectic policy in reference to all the various sources of knowledge—then we have something substantial and definite, as well as comprehensive and liberal. Such is **AMERICAN ECLECTICISM**—an American system of medical doctrine and practice, with its own strongly marked and peculiar features yet Eclectic in its relations to other systems and in its researches among cotemporary writers.

The term Eclectic is perhaps the most appropriate term for American Medical Reformers, since it implies an abandonment of the exclusive proscriptive policy, which they oppose, and a fearless investigation of different systems. It is appropriate in consequence of the fact that American Medical Reform owes its existence to an eclectic freedom of investigation—to a departure from the dogmas of the schools, and an eclectic research in nature and in the results of various clinical experience by all classes of observers. These eclectic researches have not resulted in mere accumulations of materials, but have become organized in a great system of safe and rational practice.

This system being American in its origin, is rightly styled the **AMERICAN SYSTEM of Medicine**; but as it is not limited to American researches, nor to the labors of any party, it claims the additional title of Eclectic, and bases its claim to that title upon the fact that it is far more Eclectic in its entire course than any system which has ever been taught in a medical school.

The distinctive features of American Eclecticism as taught in the Eclectic Medical Institute, are such as cannot fail to commend themselves to all well disciplined, benevolent and impartial minds; and although the course of the Eclectic medical party has been vehemently opposed by many who have never understood distinctly or correctly its principles or course of action, we challenge any rational objection to its principles or practice when correctly stated.

The great principles of the Eclectic school relate to,—

1. THE FREEDOM OF THE PROFESSION.
2. THE SAFE AND SANATIVE CHARACTER OF MEDICAL PRACTICE.
3. THE DUTY OF IMPARTIAL RESEARCH AND CONTINUAL PROGRESSION.

1st. As to the freedom of the profession, the friends of American Eclecticism contend that every member of the medical profession owes his first allegiance not to societies and combinations of the profession for selfish purposes, but to the Creator and His laws, and to the fellow beings for whose health the physician is responsible. In fulfilling these great duties, the physician is bound to act in accordance with the dictates of his own judgment, and to use those measures which upon full investigation he may deem best calculated to benefit the health and preserve the lives of those entrusted to his care. Whatever the measure or remedy which may appear best—whether new or old, fashionable or unfashionable, it is his duty to use the best means which nature, art and science have placed within his reach. If, knowing the superior value of any remedy, he should fail to use it because it had not yet become universally known or had not been sanctioned by the votes of a majority of the profession, (slow to investigate and far from infallible)—in other words, if he should shrink from his obvious and well known duty to his patient on account of the desire to imitate old examples and preserve the uniformity of fashion, he is guilty of a gross violation of his most solemn and important duties. If any society or combination in the profession should exert that overawing or controlling influence over its members which would tend to restrict their freedom of action and compel them to sanction or perpetuate methods of practice contrary to the dic-

tates of their own judgment and unworthy of an enlightened age, such societies are participators in the crime of the individual practitioner, and their whole influence is pernicious to human welfare.

Against all such combinations Medical Reformers enter their most earnest protest. No one can deny that Medical Science, as it stands, is miserably imperfect and full of both theoretical and practical errors. The free intelligence of the age and the continual progress of research and experiment are daily detecting and refuting these errors. Honor, truth, justice and benevolence, all demand that the practitioner should be allowed to discard these antiquated falsehoods without a moment's delay, and should be encouraged to substitute in their place every improvement and discovery which stands the test of clinical experience. This right, Eclectic Medical Reformers demand for all, and assert for themselves, regardless of all opposition. They are met at the very outset by a well disciplined organization of medical partizans, and peremptorily assured that if they dare to avow a disbelief of the doctrines taught by a majority of the schools—if they dare to assert that they will not employ the same pernicious drugs in the same pernicious manner—if they dare to substitute new remedies for the old and well known articles of the schools, they shall be summarily punished for each and all of these offences by all the penalties which a powerful combination can bring to bear. If it be possible to expel such uncontrollable free-thinkers from the ranks of the profession by legislative enactment, by fine and imprisonment, it shall be done; but if the Legislatures of our several States shall have been induced, by the earnest remonstrance of the people, to abolish all such unjust laws, then every annoyance which private conspiracies and combinations can bring to bear shall be used to procure the professional defeat, disgrace and ruin of the sturdy rebels who will not surrender their free speech and thought to medical clubs and colleges.

We regard all such attempts to enforce a professional censorship and sustain a species of medical despotism as criminal in the highest degree. We regard the entire scheme of enforcing medical conformity as an outrage upon justice and a blot upon the welfare of society, worthy to rank with the political and hierarchical despotisms of Europe, and equally demanding the stern and fearless resistance of every lover of the liberty and welfare of his country.

There might be some excuse for such intolerant combinations if they were the union of good men to perpetuate systems of benevolence and to repress dangerous and pernicious errors. If they were simply designed to enhance the scientific attainments of the profession and to repress the mischievous errors of sciolists, such an aim might partially excuse the means employed. But this is far from being the case. No amount of professional learning or moral worth can atone for the deadly sin of an honest difference of opinion upon an abstruse subject. The question with a medical society is not whether the suspected individual has been ignorant or unskilful, and failed in the discharge of his duty to his patients, but simply whether he has preserved his allegiance to the society and a strict conformity to its fashions. If he has departed from these fashions, the success of his practice but aggravates his guilt. If he has treated cholera successfully without using either calomel, opium or the lancet, if he has cured ninety or ninety-five per cent. of his patients when others have cured but sixty per cent., his superior skill and success excite not candid inquiry, but a sterner malediction against his rebellious career of benevolence.

Such combinations against science, intelligence and freedom constitute the disgrace of the medical profession and have largely contributed to the loss of confidence and respect which constitutes their standing theme of complaint. It is time that every independent and high-minded member of the profession should speak out manfully to denounce and suppress this system of intolerance which has so long crippled the progress and dishonored the character of the medical profession. It is time that every one should claim for himself and extend to others the privilege of free investigation and free action in the solemn responsibilities of the medical profession.

Let ignorance, charlatany and mal-practice be condemned on all occasions, but let conscientious differences of opinion be respected and honored; for it is by free investigation alone that the science can be improved.

2d. THE SAFE AND SANATIVE CHARACTER OF MEDICAL PRACTICE.—That a safer and more sanative system of treatment should be adopted, is the conviction of a great portion of the medical profession. The great majority of practitioners as they advance in life and mature their experience become more cautious in the use of drugs. The general practice of the profession is far less heroic and destructive now than it was twenty years since. The blood-letting lancet and the amputating knife are much less frequently used. The *mercurial panacea* is used in more moderate doses and much less frequently. Cold and warm water are often made substitutes for drugs, and new remedies from botanic sources are attracting additional attention. A most beneficent reform in the healing art is thus progressing in America and Europe; but it must be confessed with such snail-paced slowness (on account of the prevalent system of strict conformity and collegiate discipline) that it is requisite to look back for a number of years to detect its progress.

Yet slow as it is, it is very certain that in time it will remove all the objectionable features of medical practice which are now maintained by ignorance and conservatism. Unwilling to wait another century for a thorough reform of the most conspicuous abuses of the profession, thousands have discarded at once in supreme disgust the entire system of drug practice and resorted to the safer processes of the water cure, or the gentle and harmless prescriptions of Homœopathy.

If there were no other method of reforming the medical² profession but by discarding all its varied and potent, though often dangerous resources, for the simple medication of water and infinitesimal preparations, we should eagerly embrace the opportunity of thus escaping from the evils and dangers of a system of practice which has lost from twenty to fifty per cent. of its cholera cases, and which in all classes of diseases exhibits a large mortality.

But we perceive no occasion for so ultra and extravagant a course. The labors of the world's best intellects for centuries have not been in vain, and the fund of positive knowledge which we of this generation have gathered from experience and careful investigation, is too firmly fixed to be disturbed by restless theorists. When new observations made with sufficient caution and verified by sufficient repetition, are offered us, we are pleased to receive them as an addition to our stock, and to arrange the new discoveries in their proper positions as a portion of medical science. To go further than this—to become infatuated with a novelty and lose all interest in old and well established truths, would indicate a weak and unstable mind. Yet there are many reasons which excuse so ultra a course in the present state of medical practice. The immense evils of old school practice and its great inferiority to every respectable system of medical reform, create in the mind of each practitioner an enthusiastic partiality in favor of that reform to which he has given especial attention, and as the division of the medical profession into disciplined and hostile parties renders it desirable and convenient for each one to assume a definite position, he naturally falls in with that party with the merits of which he is best acquainted.

But whether the propensity to reject our common resources and become infatuated with new and exclusive systems of practice, such as those of Homœopathy and Hydropathy, arises from instability of purpose, from narrowness of mind, or from the influence of party discipline and the difficulty of an independent course, all such extremes are unworthy of an enlightened and practical physician. Yet still more absurd and utterly indefensible is the conduct of those who repose a foolish confidence in the dignity and wisdom of the most numerous portion of the profession, and refuse to investigate the modern improvements which have not been admitted in the Colleges. Colleges and med-

ical societies have always been wrong in reference to new truths, and those who follow their authority on such subjects are very sure of being misled.

The course of American Eclecticism is to cherish and preserve the entire body of medical science which has been accumulated by correct observers, but gradually and cautiously to add to our knowledge every new fact or principle demonstrated by experience, and every new remedy of value, at the same time discarding as fast as possible all methods of practice which are dangerous, destructive and debilitating, so as to render the practice of medicine truly the healing art. The improvements which have been made in this respect by American Eclectic Physicians have so greatly improved and so radically changed the character of medical practice as to be almost incredible to those who have not witnessed their application.

While it is unknown in old school institutions that efficient substitutes for mercury exist, the more extensive and accurate investigation of Eclectic practitioners has shown not only that excellent substitutes for mercurial medicines may be found, but that for all the purposes of medical practice the mercurials are inferior to several medicines which are used in their place, either as cholagogues, cathartics or alteratives, or for any other purpose except that of permanently poisoning the constitution and impairing its vitality. To be able successfully to dispense with mercurials has long been regarded as a desideratum. This desideratum we have attained, and no one who witnesses the results of the Eclectic practice, or who properly tests the application of its remedies can ever after regard mercury as a necessary article of the *materia medica*. Hence, considering its many dangerous properties in connection with its established inferiority, we no longer retain it in our official list. While thus rejecting mercury, arsenic and a few other poisonous agents from our official list of remedies, we bring forward a large number of others so as to present much ampler practical resources than are usually imparted in the course of professional study.

Not only new remedies but new courses of treatment have been introduced by means of which we are enabled to attain another great desideratum and entirely abolish the practice of general depletion by bloodletting in all classes of cases. We are prepared to show the absurdity of bloodletting by scientific reasoning upon the facts of chemistry and pathology, or by the tests of experience in medical practice.

These two great practical changes have now been tested for more than twenty years by Eclectic practitioners, and there is a most remarkable unanimity among several thousand practitioners as to the entire needlessness of the agencies which we have rejected, and as to the vast superiority of modes of treatment either by the colleges or the authors devoted to the old school system.

It has been earnestly desired to obtain the statistics of the comparative mortality of the Eclectic and the old school system of practice. So far as the knowledge of the former has been attained, it appears that the mortality of the Eclectic practice in all classes of diseases is less than two per cent. The average mortality of private practice on the old school system is well known to be far more than this, although extensive statistics have not been obtained. The average mortality of Hospitals under the old school practice of the most eminent men of Europe, appears from the most extensive statistics to be about ten per cent.

The average mortality of cholera under the Eclectic practice as reported in Cincinnati, appears to be four and a third per cent. Three times as great a mortality as this would be considered remarkably successful practice by the profession generally, and even ten times as great a mortality has been in many instances quite common.

Such results in the treatment of our prevalent epidemics indicate extensive improvements in the details of practice, not less remarkable and valuable than the introduction of vaccination by Jenner; and we must also add, they have

been no less bitterly opposed and denounced by those who have neither tested, examined nor even understood them.

In the following extract from our fifth annual address reference is made to other important features of medical science as taught in the Institute. The recent publication of a course of lectures on the American Eclectic System of Surgery, by Prof. Benj. L. Hill will afford a fair opportunity to those who desire to investigate the claims of the Eclectic system in that department.

"In the practice of surgery, as well as in other departments, the remarkable improvements and superior results of Eclectic medicine, in comparison with all that has been accomplished by the highest skill of Europe, challenges professional scrutiny. It is not in the use of the knife, nor in mechanical dexterity, that any peculiar merit is claimed; but in the preservation of life and limb—in the substitution of scientific constitutional treatment for the reckless use of the knife, lies the principal glory of Eclectic Surgery. For further illustration we can only refer to the many thousands, who have been benefited by Eclectic Surgical practice. In the obstetrical department—especially in the treatment of the diseases of females, the reform has been no less decisive and important than in general practice. But as the limits of this address do not admit of specifications, we can only invite a candid scrutiny, and refer to the decisive opinions entertained by all who have made themselves fully acquainted with Eclectic medicine, after studying the resources of old school practice.

"In physiology and medical philosophy, the instructions of the Institute are essentially different from those of any other school in Europe or America. This is the only school in which the facts of Phrenology and Animal Magnetism have been properly recognized and explained as a portion of medical science. It is the only school in which the functions of the brain, as a physiological organ, have been correctly taught.

"To a member of this Faculty belongs the honor of discovering the proper method of exploring the functions of the brain, determining its mental and physiological powers, and the relations which it bears to all parts of the human body. By this discovery the highest problems of psychology and physiology which have ever engaged the attention of man, are made accessible to rigid experimental inquiry and scientific demonstration. This discovery (the essential truth of which has been recognized in Europe as well as America,) not only lays the foundation for a grand system of philosophy in which all sciences relating to man find their appropriate place, but explains the philosophical laws of his constitution in reference to its internal sympathies,—the influence of medicines and food; the causes and nature of diseases and contagion; the principles of therapeutics, and the entire philosophy of medicine.

"The medical philosophy of the Institute being thus based upon a knowledge of the main springs of the human constitution, (the much neglected nervous system) is essentially different from that taught in other schools. It recognizes fully the relations which all methods of treatment bear to the laws of life and health, and hence appreciates liberally the merits alike of Homœopathy, Allopathy, Hydropathy, and all peculiar medical theories. In short our medical philosophy is not a system of sectarian dogmatism, but a guiding, inspiring and progressive influence."

Notwithstanding our disposition to appreciate and adopt liberally all improvements from sectarian schools of medicine, we have to announce the discontinuance of the Professorship of the Principles and Practice of Homœopathic Medicine. Such a chair (occupied by an exclusively Homœopathic physician,) although capable of imparting useful knowledge, was too little in harmony with the general spirit and philosophy of the school to produce a satisfactory effect upon the minds of students. It is necessary in a school devoted to Eclectic Medical Reform that the cotemporary reforms of Homœopathy, Hydropathy, &c., should be distinctly presented in accordance with the Eclectic philosophy, and not by the anti-Eclectic partizans of exclusive systems. The Faculty of the Institute having given their attention to the rival systems of medicine before the public mind will be enabled with proper unity and consistency to present whatever knowledge upon such subjects may be necessary in a liberal medical education.

3d. As to the duty of impartial research and continued progression. We hold that those who are taught in sectarian schools of medicine should guard against bigotry and narrowness, and should make it a rule to examine for themselves the claims of different systems, as well as the claims of facts and principles which still lie undeveloped in Nature. It is conceived that the Eclectic Medical system is a remarkable example of the effects of such a course in lea-

ding to a system of practice so far beyond the established modes in its beneficial effects. Signal as have been the triumphs of the Eclectic spirit heretofore in the accumulation of knowledge and the salvation of life, we cannot avoid the conviction that still greater improvements may yet be attained by the same independent course of investigation.

In conclusion we would say to the members of the medical profession, that in the progress of science we continually find new truths, arising often from humble sources, coming into conflict with the established dogmas of wealthy and powerfully organized parties, and gradually by the force of reason alone attaining universal recognition. In such conflicts between truth and error, we find that men are often converted from opponents to supporters of the truth in spite of all the influence of prejudice, fashion and self-interest, but rarely if ever do we find any one who has adopted the truth renounce his convictions or change his position, however strong the influences and temptation arrayed against him. Such has been the progress of the Eclectic Medical Reform—a series of triumphs over the most stubborn prejudices—a movement of progress in which there is no wavering or turning back. The prosperous career of the Eclectic Medical Institute and the rapid diffusion of our principles indicate plainly that the position which we have assumed is the most congenial to the American mind, and that the future medical practice of this continent will be controlled, not by the traditions, authorities or societies of Europe, but by the American Eclectic system of comprehensive, safe and sanative medical science.

JOSEPH R. BUCHANAN, M. D.,

DEAN OF THE FACULTY.

CINCINNATI, Sept. 2, 1850.

THE ECLECTIC MEDICAL INSTITUTE.

The Faculty of the Eclectic Medical Institute, whose announcement appears in our columns to-day, have been reorganized, in a very satisfactory manner. This college, which is the established head-quarters of the American Eclectic System of Medicine, requires remarkable abilities and attainments to fulfill the demands of the public opinion of the profession, arising from its high and responsible position. None but medical men of the first class, whose opinions are entitled to be quoted as authority, could maintain honorably such a position. We are, therefore, gratified in being able to announce that the Trustees have placed in the chairs of the Institute a corps of veteran teachers and practitioners, each of whom enjoys a wide-spread reputation and influence, whose joint abilities bid fair to maintain their college, as heretofore, the principal medical school of our city.

Having observed with interest the progress and success of the Faculty for several years past, we think a brief sketch of their character and merits would gratify our readers.

Prof. Gatchell, the anatomist, is one of the most learned, accurate and accomplished professors in our country, perfectly at home upon almost any subject in science, literature and statistics. As a teacher he is universally popular.

Prof. Buchanan is already widely known in America, and even in Europe, as one of the most profound and original writers of the

age, in reference to the science of man and the physiology of the nervous system. He is a perspicuous and eloquent teacher. Thousands are looking with eagerness for his promised works upon physiological and phrenological science. As a teacher of medical philosophy, he is firm and decided, but at the same time pre-eminently liberal. In addition to his professorship, he edits with ability the Eclectic Medical Journal and Buchanan's Journal of Man, both monthly publications of great interest.

Prof. L. E. Jones is a veteran teacher of the Eclectic system of materia medica, and his voluminous work upon that subject, which has been so impatiently expected, will rank with the United States Dispensatory as a standard authority, but will contain, if it corresponds to his lectures, much valuable information not to be found in other standard works. We are gratified to announce that this important work has approached near its completion. As a lecturer, Dr. J. is celebrated for thorough and efficient teaching.

Prof. Benj. L. Hill is not only an experienced and efficient teacher, but the author of one of the best practical works on surgery ever published. Hill's Surgery is the standard system among medical reformers. Dr. H. is celebrated for his energy and despatch. His admirable work on surgery is said to have been written in about four months. In teaching, he goes directly to the point, and deals in matters of fact, of which he has an ample store.

Prof. I. Gibson Jones, from Columbus, is generally regarded as the ablest and most experienced practitioner in the ranks of American Eclecticism. He was one of the fathers of the Eclectic medical reform in the West. As a teacher of practical medicine, he is thought by his friends to have no superior in America. It is expected that he will very soon communicate the fruits of his extensive observations in a systematic work.

All of the members of this Faculty lecture in an agreeable, instructive, and practical manner. The whole character of the school is peculiarly practical, and its graduates are said to enter upon their professional duties with an enviable degree of confidence arising from their thorough instruction and ample practical resources. The Institute has been raised to its present flourishing condition by the indomitable energy of its Faculty, and their hearty devotion to its duties as teachers. Every thing superfluous is thrown aside for matters of real utility. In practical Anatomy, under the care of Prof. Gatchell and the excellent Demonstrator, Dr. Owens, as well as in all the practical departments, the utmost care is taken to secure thorough scholarship.—*Daily Times*.

ECLECTICISM AND HOMŒOPATHY.

The Trustees of the Eclectic Medical Institute, at a meeting held Aug. 22d, have formally abolished the Chair of Homœopathy. The reasons which impelled them to this course were numerous and urgent. As stated at the meeting of the Board, the arguments in this case were so convincing, it appeared rather remarkable that such a professorship should have been tolerated in an Eclectic School.

The chair was established from the best and most generous motives. Eclectic reformers take an enlarged view of science, and draw their medical knowledge first and principally from nature, secondly from the Allopathic, Homœopathic, and all other medical systems which contain limited portions of the truth. Hence they require of their students a proper knowledge of Allopathic and other text books, in order to secure the most liberal attainments. The ample supply of able Allopathic works insures a sufficient attention to the knowledge which they impart; but the literature of Homœopathy being much more scanty and in a much less intelligible and prepossessing form, it was desired by the faculty of the Institute to make up for this deficiency by rendering a course of practical lectures on the subject accessible to their students. Hence an extra professorship of Homœopathy was added to the Institute. This, however, was attended by serious evils. The Faculty had previously taxed the energies of their students to the utmost by their laborious and extensive courses of lectures, and the addition of the Homœopathic course became rather oppressive—injurious to the health of the class, and distracting to their minds by the multiplicity of subjects presented. Still it was designed to maintain the chair during two sessions unless more imperative objections arose; but the following additional objections were presented to the Board and decided them to abolish the chair:

1. The Homœopathic system is but a limited portion of medical science, and contains practical errors, delusions and false philosophy. The continuance of the professorship produces a general impression that the Institute sanctions or endorses those errors to which it has merely given a hearing.

2. As the harmony of the school renders it necessary to avoid dissensions among the Faculty, the errors of Homœopathy were left to their own progress without being duly exposed or illustrated by the professors, while the Homœopathic chair was preserved.

3. A special Homœopathic professorship is of no utility whatever at the present time as the Faculty of the Institute understand thoroughly both the philosophy and the practical details of Homœopathy, and need no foreign assistance to do the subject justice. Nor is it judicious to allow the time of students to be so largely

occupied by a course of instruction which embodies so many idle speculations and gross practical errors.

4. Although the Eclectic principles are sufficiently comprehensive to harmonize with all forms of truth, and although the two systems coincide in rejecting blood-letting, mercurial poisoning and other abuses, the Eclectic and Homœopathic parties cannot harmoniously co-operate until the latter shall have changed its character. A party governed by one idea alone, and rejecting every thing else, will not harmonize with Eclectic reformers, who hold fast to the results of experience, and present reform in a conservative instead of destructive manner. Since the establishment of the professorship, although a few Homœopathic physicians have manifested a liberal spirit, the great body of the party have manifested, in all their acts and publications, not only the most intolerant bigotry and opposition to liberal medical reform, but an apparent dread of the free investigation of their doctrines by independent minds. By giving to such a party the support and character derived from a professorship in the Institute, additional strength has been given to the opponents of Eclecticism, and favors have been extended to a party which has proved itself unworthy of such a position.

Such were some of the principal reasons which were laid before the Board, and for these reasons the Homœopathic professorship was immediately abolished—not from any especial objection to Prof. Rosa, but in accordance with the unanimous sentiment of the Eclectic medical profession, that the Homœopathic party, notwithstanding its reformatory tendencies, is in reality but a more subtle, modern form of medical hunkerism, the progress of which, although it overthrows the terrible evils of the Allopathic system, tends to delude and contract the mind, and to hinder the free progress of medical science.—(*Daily Times*.)

A TRUSTEE.

ECLECTIC MEDICAL INSTITUTE.—The annual announcement of this flourishing College appears in our columns. The Faculty have re-organized and the chairs are filled by gentlemen of the highest reputation in their respective departments as teachers and authors. The Institute holds the same relative position in the American Eclectic system of medicine which the Medical school of Paris does to the old school profession. The vacancy occasioned by the death of the Professor of Theory and Practice of Medicine has been filled by the election of Dr. I. G. Jones, of Columbus, a veteran teacher and practitioner, who is regarded by his friends as having no superior in our country in the department to which he has been chosen.—*Columbian & Great West*.

[From the Daily Times.]

ECLECTICISM vs. ONE-IDEAISM.

MR. EDITOR:—Your Homœopathic correspondent of Wednesday, in addition to a little harmless impertinence which is unworthy of notice, expresses his gratification at the abolition of the Homœopathic professorship. It is quite probable that an ambitious "Homœopathic Physician," aspiring to a professorship himself, may rejoice at the abolition of a professorship which would have been a serious obstacle to his success. But if any Homœopathic physician is pleased with that event, (aside from selfish motives,) what does such admission betray? Of course the Homœopath desires the success of Homœopathy; and if he has full confidence in its substantial merits, he must desire to see books, professorships, lectures, and every other mode of propagating the doctrine. He must feel indignant that his valuable truths are spurned from every medical college and medical journal in the land, and anxious to procure a place and a fair hearing. Under these circumstances, a liberal medical school had given the friends of the system a place for their chosen representative, their ablest man. It was given as a special favor, and received as such with gratitude, and to enhance the value of the gift, the professor was allowed to teach his doctrines without opposition or criticism, sustained by the whole influence of the faculty in receiving a full and fair hearing. If Homœopathy was demonstrably true, it was just in the right position to vindicate its superiority. But the shrewd "Homœopathic Physician," and others of the same sort, knew very well that their science was in a dangerous position, exposed merely to fair, open comparison with a more comprehensive system; and greatly were they disturbed by the fear that a few Homœopathic students might look beyond the limited horizon of infinitesimal medicine. The Eclectic party had no fear of being injured by comparison with any other party; but the poor, persecuted Homœopathic party, which had so long sought a place in a medical college, trembled in fear and agony at the realization of their hopes.

They really desired for the salvation of Homœopathy to be persecuted and excluded a little longer by medical schools, and to gather their little flock of from twenty to fifty students into exclusively Homœopathic schools, were not a single idea beyond Hahnemannism would ever be tolerated. While Homœopaths were in the position of an insulted and persecuted party, knocking in vain for admission at the doors of medical schools, Eclectics felt a sympathy for the oppressed, and gave them a place, with all the hospitality in their power. They even risked their own reputation by introducing the party and its doctrines to their friend and requesting for them a friendly reception. But when the party, as a

party, proved itself unworthy and showed every disposition to shun investigation and get up a jealous, narrow-minded, persecuting organization, it became evident that the Homœopathic party was very little better in its essential spirit than its Allopathic rival—hence it lost its hold on the sympathy of liberals and was justly discarded by the college.

The medical world is cut up into narrow-minded, bigoted parties, each striving to maintain its existence, and to perpetuate doctrines partly true and partly false, by abusing its rivals, by concealing their merits, and by cultivating bigotry in its pupils. In this state of things, while old school Allopathists dare not face the facts of Homœopathy, Hydropathy and the American Medical Reform, and while Homœopathists also dare not face the facts and teachings of the American Medical System, we have a party who examine every thing and fear nothing—who are not afraid to teach their doctrines anywhere and to bring them to the test of experience—who are not afraid to do justice to their rivals, and who gather medical truth from every quarter. A rational system of medicine includes both Homœo-pathy and Anti-pa'hy. The Eclectic medical system recognizes, adopts and acts upon the Anti-pathic, Allopathic and Homœopathic laws, and is therefore greatly superior to any system such as the Homœopathic, which embraces one law alone. The Eclectic system is the true catholic, permanent system of science, and is just as much superior to the one-idea'd systems of Homœopathy and Hydropathy as the whole is superior to its parts. So long as the Homœopathic party or its leaders are limited to one idea, so long will they be incompetent to maintain themselves except by comparison with the gross errors and malpractice of old school Allopathy. And when Homœopathy has fulfilled its great mission of substituting the harmless sugar pills for the destructive drugs and lancet of old school practice, it will terminate its distinctive career and become merged (so far as true) in the great body of rational medicine in the position which has been assigned it by American Eclecticism.

I have no objection to the present prosperity of Homœopathy, for it abolishes the evils of the old hunker system, and as the minds of many men are so constituted as to be incapable of fully appreciating and acting on more than one idea, it is necessary, for their accommodation, to have one-idea systems of medicine which they are capable of adopting and cultivating with zeal. There is no danger that such men or such parties will ever unsettle the mass of medical science, or make more than a temporary diversion of its onward course.

I have no disposition to deny the real merit of Homœopathists; they doubtless understand their own department—their "one idea," pretty well, and know more than any other class of physicians about the value and use of infinitesimally prepared sugar pills. So

do oculists, corn doctors, and horse doctors—each understands best his own limited sphere of observation, and we may learn something from each of them; but it is doubtful whether either of these classes ought to be allowed in a college, an entire course of lectures for four months, to impart what they know of practical medicine.

A TRUSTEE.

GEOLOGICAL THEORY OF CHOLERA.

BY JOHN LEA, OF CINCINNATI.

(Continued from Page 373.)

It cannot have escaped the observation of any one, that the disease raged with the most intense malignity on the *higher and more airy* portions of this city; even those overlooking the whole of it; in some families *every individual* being carried off! whilst but few deaths occurred in the south-western part of the city, which lies low, and where the well water is not calcareous;—even where a stagnant pool laid at the door of a family, poor and needy, crowded into a small room, they all enjoyed good health; those who died in that part of the town were generally employed elsewhere through the day. The cause of the great number of deaths in those high and dry situations is evidently attributable to spring and well water.

The streets of the city were kept in good order; the weather* remarkably fine; electric phenomena about as usual, with frequent showers, and several dashing rains, well calculated to cleanse the streets. The ill-advised and preposterous fumigation by burning heaps of coals at the intersections of the streets, had a decidedly bad effect, especially on the sick; had a tithe of the money it cost to *produce this nuisance*, been expended by the city council in filling up the wells, hundreds of lives might have been saved.

It is not pretended that every one dies who drinks of the water usually so fatal; in a family of seven, six may die and one escape.

The most virulent contagion, as the plague, small pox, ship-fever, &c., does not attack *every one* exposed to it; and it is well ascertained that some constitutions resist the effect of the virus of small pox, even when introduced into the blood by inoculation.

Although the use of spring water (when drunk *alone*), has been generally attended with the most fatal results in this city and vicinity, such has not been so generally the case with the *well water* in certain parts of the city, for instance, the western, where the water is found by digging a few feet deep, and not far enough to reach the strata of limestone.

On referring to the *Report of Interments* by the Board of Health,

* See tabular statements for the months of June and July.

(herewith) the enormous disproportion of deaths amongst the foreigners is strikingly manifested. I have no way to arrive at their numbers; it may be over 30,000, about one-third of the population, yet the deaths amongst them appear to be about *three-fourths* of the whole number!

Now, it must be observed that great numbers in this category lacked timely medical aid, and many never had such aid at all, in fact there were not physicians enough in the city to attend *all* the sick, when about 200, (of all diseases) were dying per day; this class of inhabitants generally reside outside of the range of supply of river water, and depend upon the *wells*, even those who had rain water would go to their neighbours' well to get *good cold water*, and even when told *it would cause the cholera*, as they were in numerous instances; they heeded not, and death was the consequence.

Crude vegetables were used without stint, by many persons,—such as cucumbers, radishes, celery, green apples, cabbage; all better adapted, *at such a time*, to the functions of a *gizzard*, than the human stomach; and highly acidulated edibles, as rhubarb, goosberries, &c., although *cooked*, were found to be injurious;—perhaps there is nothing more pernicious than an orange. The free use of the aforementioned, seldom failed to have a fatal effect on those who used the well or spring water; but cases were not rare of persons making free use of all those articles with impunity, who drank no other than rain water, and in *all those regions* exempt from Cholera, according to the Geological Theory, *all manner of fruits and vegetables may be used with as much impunity as before the Asiatic Cholera ever visited this country.*

I have just read, (this 14th March, 1850,) in a newspaper, an account of a party of forty-eight persons emigrating from Georgia to Texas; on reaching the Mississippi, they purchased a boat, and proceeded down that river; in a few days the Cholera attacked them, thirteen had died, and others taken the disease. These unfortunate people had lived in, and passed through, a region which enjoys immunity from Cholera, therefore the water of the Mississippi had the most fatal effect upon them.

When Cholera prevails intensely in a city, few persons will entirely escape its influence, however slightly affected. The heat, when the thermometer indicated over 90 deg., did not seem so oppressive as in healthy seasons; it was remarked in those hot days, "what a pleasant summer we have!" in other summer it would have been, "how very warm it is!" Can it be possible that the blood loses a portion of its caloric, by the influence of an atmosphere charged with the miasm of Cholera?

Paris, although but *half the size of London*, has lost *double the number* of its population; this may be explained by the Geological Theory. The former city, I think, is supplied from two

sources,—one of which being the river Seine,—besides artesian wells; it can hardly be possible that there should not be a difference in the mineral elements of those waters, and an investigation will prove which has been the most deleterious. London is watered, I believe, from four sources, (exclusive of artesian wells,) and the above observations ought to apply to it. The Paris basin affords a fine field for the operations of Cholera!

Bremen does not suffer from Epidemic Cholera. In answer to a letter I wrote, (dated 13th March, 1848,) under date of 12th May, 1848, I have the following:—"Your letter was laid before the assembly of physicians of this city. It was returned to me, with thanks for the communication, and with the answer, that, leaving it undecided whether the observed facts arise from the chemical composition, or from the physical qualities of the formation of the soil—there is no calcareous formation in the neighborhood of Bremen, and that the water with which vessels are supplied at this port, has been found entirely free from calcareous elements.

"When the Cholera ravaged Europe, that disease came also to Bremen, in autumn, 1834, but only a few persons were attacked by the disease, by which some died,—but the greatest part recovered in this place."

It will be understood that Bremen is a very considerable sea port, and that great numbers of emigrants go there from the interior, to take shipping for this country, many of whom are probably from infected districts. I believe that city escaped again last year.

A report was read before the Royal Academy of Medicine at Paris, 26th and 30th July, 1831, wherein it is stated:—"In the northern Circars encamped a division of 1000 artillerists, under the command of Col. Pearce. In the spring of 1781 this detachment proceeded to rejoin the main army on the coast. The Epidemic Cholera attacked this detachment. The disease was rapidly fatal; the catastrophe happened at the expiration of a few minutes, and in the midst of intolerable spasms. It was death, says Col. Pearce, and not disease, that reigned in the camp; out of 1000 soldiers, about 700 died. The epidemic ceased at the end of six days, in consequence of *changing the station*." Now changing the *station* could have had but little effect, had it not brought a *change of water* with it.

We had something very similar to the foregoing in our own country last summer. Major Morrison, with 400 Infantry, encamped near Port Lavaca, Texas. They were attacked by the Asiatic Cholera, and nearly one-half of them died in a few days! And here the much lamented Gen. Worth surrendered his life to the fell destroyer. It will be easy, now the thing is understood, to avoid such calamities for the future, by choosing proper locations, when danger from Cholera threatens. I have no knowledge

of the geology of the region, but rely on the *facts* to sustain my theory.

It appears probable that the waters of *all large rivers* contain, in a greater or less degree, *proximate causes* of Cholera; they are found in our own. An analysis of the *mud* of the *Nile*, (by which we may form some judgment of *the water*,) shows it to consist of—

One half argillaceous earth,

One fourth carbonate of lime,

One tenth carbon, besides carbonate of magnesia, silica, and oxide of iron.

“*Egypt* lost 150,000 of its inhabitants by Cholera in 1831;” this, in a population of 2,000,000, is equal to $7\frac{1}{2}$ per cent! The whole country, (five hundred miles in extent, but of *very limited* breadth,) depends upon the Nile; rain is seldom seen there. Now, let us suppose that the United States, with their 20,000,000 of inhabitants, had lost $7\frac{1}{2}$ per cent. of their population—the result is 1,500,000! Apply the rule to *China*, with its 350,000,000, and we have a destruction of 26,250,000!! It is supposed that the Cholera had very little effect on the Chinese; this may be attributable to the universal use of tea, as a common beverage in that country, and to no deficiency in the calcareous formations. This remarkable people may have discovered the pernicious effect on the bowels of calcareous water. We may judge of the quality of the water of the *Ganges* by its *effect*; in 1783, a crowd of pilgrims, (estimated at 1,000,000,) assembled on the banks of that river,—the Cholera attacked them, and in eight days it is said to have cut off 20,000; but did not affect the city of Jaualpore, only seven miles distant.” It was well for *Jaualpore* that it was seven miles from the *Ganges*!

The cities on the great river *Volga* suffered much from cholera. I have not facilities for further investigations on this point at present.

The great importance of having an analysis of the different waters where cholera prevailed, *more or less*, in degree, must strike every one. At my request, Dr. Strader procured, (when on his errand of benevolence) at Sandusky, four bottles of water from wells in different parts of that town, judiciously selected; I took them to a chemist for analysis, but being asked twenty-five dollars for each specimen, I was obliged to forego the satisfaction of accomplishing this desirable object, by reason of the expense. It was my intention to have had ten or twelve specimens from different locations analyzed; to find if possible in either, any *peculiar exciting cause*—how affected by *proportions* or *combinations*. It is said that cholera takes no effect where *chalybeate*, or *sulphur* water is used. Bi-carbonate of iron, when combined with the calcareo-magnesian water, *may* neutralize its effect; *other* earthy elements, thus combi-

ned, may prove exciting causes, and account for the injurious effects of the water of the Mississippi, although it is what is termed *soft*.

Cities situated on *cliff-limestone* of certain properties, suffer less than those on the *silurian*; thus, Louisville suffers less than Nashville.

In the selection of water, the instinct of the horse leads him to choose that which is *soft*, and refuse the *hard*, or calcareous;—let man avail himself of the lesson.

The *magnitude* of the *shells* found in our rivers, indicates the calcareous quality of the water, and it will be found that they are *large in proportion to the quantity of the carbonate of lime held in solution*. Perhaps there are no *fresh-water* shells in the world so large as those of the *Little Miami River*. It is in the family of *Naiades* we find those so remarkable for size in that river. I have seen one of the genus *margarita* measuring $8\frac{1}{2}$ by $6\frac{1}{2}$ inches, and a *Unio* weighing 42 ounces. The shells of the “Miami” [Big] are not so large; and of the Ohio, *not half as large*. This fully sustains the Geological Theory, for it will be found that the water of the former is most productive of cholera, and that of the latter the least so; although the former river discharges into the Ohio six miles above the city, and mixes with it—thereby being pumped up into the reservoir for city purposes; but its deleterious qualities are greatly diffused in the larger mass of the Ohio.* Many of the streams of the Eastern States of the Union, are so free from calcareous matter, that a shell-fish can scarcely find materials to construct a domicil thicker than common paper. I believe that the water of the Lower Mississippi is too turbid to produce shells.

The cholera prevailed in Sicily in the summer of the year 1837. The city of *Palermo* suffered terribly; perhaps more severely than any other city of Europe; out of a population of 170,000, it lost 37,000—upwards of twenty per cent! It is of the *becci*, or carmen of that city I wish to speak:—“They made the circuit of the deserted streets by the light of numerous fires of pitch, kept burning at long intervals, with a view of purifying the air. They sat upon the heap of livid corpses piled up in their carts, stopping at each house where a light glimmering in the balcony indicated that their services were required. Entering without ceremony, they hastily stripped the body, and placing it on a cart, resumed their progress—generally singing, as they went, under the influence of intoxication or unnatural excitement! Arrived at the *campo santo*, their burdens were quickly deposited in large pits, and the same course repeated until sunrise. It is remarkable, that of one

* It would be better for the health of the city, if the water could be taken from above the mouth of the Little Miami.

† Tuckerman's Italian Sketch Book.

hundred and fifty-six of those regularly employed in this way, but *three* fell victims to the cholera." Hence it would appear that the pernicious quality of the water used by those *becci*, was neutralized by Alcohol; this is very well understood here; but we find the use of rain water, from the multiplicity of facts now collected, answers a much *better purpose*, for it has all the *good* result without the *evil*. I have no knowledge of the mineral properties of the water at Palermo, except from their effects, and rely confidently upon them to sustain my theory.

However great the per centum of mortality was at Palermo, it is only about one-half of that of Sycamore street hill side!

The sub-acid *orange*, of which Sicily produces such quantities, (with which our city is now so super-abundantly supplied,) is probably a more exciting cause than any other *fruit*,—or perhaps I might add vegetable. This was observed by the physicians of New Orleans in 1832, and the use of them is forbidden entirely: not so in Mobile, where they are eaten without bad effect, owing to the quality of the water used there. It has occurred to me that the very free use of this fruit at Palermo, may have contributed largely to the fatal effect of cholera in that city;—and yet no such cause was in operation to produce the *still greater* proportionate mortality on Sycamore street, and other localities in this city.

The intelligent reader will readily perceive the difficulty of obtaining precisely the truth, in some cases, in regard to what may have been the diet or *drink* in *certain* families. I think that there is scarcely an individual in a score in this city, who would not take a drink of *cold well water*, in a hot summer's day,—even when assured that it might cost him his life—in preference to *rain water*; which, unless cooled by ice, is far less palatable.

I expected to find many deaths in families where they *said* rain water had always been used, for the reasons just mentioned; yet I have found but the one marked on the diagram. There is, therefore, the strongest reason to come to the conclusion, *that if any person dies from cholera, who used rain water exclusively*, it must be merely an *exception* to a *general rule*:—other water equally pure must have the same effect—thus we have *one great truth*—not an *unverified hypothesis*—in regard to averting the malignity of this much dreaded disease, *deduced from hundreds of cases*,—disarming the slayer of millions of his terrors!

It is devoutly to be hoped, that those whose vocation leads them to such pursuits, will search into the *peculiar properties* of water, and *relative quantities* or *proportions*, of certain mineral elements held in solution, (calcareo-magnesian, it is presumed, being always found present,) and they must discover *where the enemy lurks!*—where his *strong hold* is! *what urges him on*, in his swiftest career of destruction?

It would be very gratifying to me to expend some hundreds of

dollars in procuring analyses of waters in different locations here and elsewhere, but it is not convenient:—I am constrained to guard against a *collapse of the purse*! I trust the *Government* will view the matter in its true light, and make an appropriation to be placed in *proper hands*, for a thorough investigation of this important subject:—interesting as it is to the present and all *future* generations. Although on the verge of three score and ten, I yet hope to see the result of a thorough investigation;—no time should be lost!—a favorable *Report* from High Authority, would cause a general diffusion of *reliable information*, of incalculable importance to mankind. Investigation will prove, that of all the malignant scourges to which afflicted humanity is subjected, that of the *Cholera* is the most readily guarded against!

It is much to be lamented that medical men, with few exceptions, have thought the *Geological Theory* unworthy of serious investigation, although it was pressed upon *them*, and the public generally, nearly two years since, through the medium of the “*Gazette*,” and other city papers; and last summer, even when beset by the *facts* whence to deduce the most *logical* conclusions of its *correctness*, and accordance with *that which is—has been—and will be*,—still it was looked upon as visionary—absurd!

It will now force itself upon them—*bon gre, mal gre!* and *must* receive the credence that it is entitled to, which cannot fail to be attended with the most beneficial results.

The *capriciousness of the cholera*, has been frequently a subject of remark and astonishment:—attacking *this* part of a city and not *that*; *this* village and not *that*; *this isolated family* and not the *one* on the *farm adjoining*! The *Geological Theory* will explain all that, and show that there is no disease *less capricious*! No other disease, of its itinerant character, in regard to which you can say—pointing to a geological map,—*here it may come*, but *there it will not*!

It is very gratifying to be enabled to add the testimony to the truth of the *Geological Theory*, of one so well and so favorably known as Miss Dorothea L. Dix, the Philanthropist. Perhaps the annals of philanthropy do not furnish an instance of such persevering and successful devotion to the relief of afflicted humanity. Braving the frosts and storms of winter, and the heats of summer, she journeys alone and unprotected;—hazards her health, and sets personal comfort and repose at naught, in the steady pursuit of the sublime object of her mission!

This very estimable lady has been most assiduously engaged for some years past, in procuring the establishment of *Asylums for the Insane*; these are established by enactment of the State Legislatures, and now amount to THIRTEEN; at an aggregate cost of probably a million and a half of dollars.

Miss Dix has been for some time engaged in the South, and has returned just in time to enable me to add facts and opinions—being the result of her experience in the districts where the cholera is actually prevailing; she says:—"Rain water is coming into use on some sugar plantations with complete success as a preventive of cholera; on such, the slaves enjoy good health, whilst that disease is destroying those on the adjoining estates, who use the *river water*;—that at Jackson, Mississippi, much rain water is used, and the *general health* of the place is much improved." She carefully avoided drinking any other than rain water, or that which had been boiled, (as in tea or coffee,) except on the passage to Nashville, up the Cumberland river, where she took about half a glass of the water of that stream, the injurious effects of which she was speedily made sensible of, and added,—“I fully sustain your Theory.”

The experience and intelligence of my friend, *Doctor Ray*, gives great weight to the information contained in the following communication just received from him:—

“From a knowledge of several of the facts collected by you relative to the localities visited by the cholera in 1832-3, I came to the conclusion that the use of limestone or hard well water would be dangerous should the cholera again visit this city. Accordingly, in the discharge of my duties as a member of the sanitary committee of the 9th ward, I warned the people that *well* water ought not to be used, and recommended cistern, or hydrant water.

Mr. John S. Powers and myself had the supervision of Spring and Pendleton streets, between Woodward and Liberty streets. On Spring street, cistern water is used nearly exclusively. On this street, between the streets above named, there are thirty-six dwelling houses, occupied by about two hundred persons; out of this number, there were but two fatal cases of cholera, and both these had used *well* water. On Pendleton street, which runs parallel with Spring, and about two hundred feet east of it, well water is more freely used. On this street there were thirteen deaths by cholera,—*all* of which occurred among those who used *well* water—there being *no* death among those who used only cistern water. Pendleton street is higher and more airy than Spring street and the population is about one half that of the latter; hence the per cent. of mortality was *thirteen* times as great.

With the evidence of these facts, and many others of a similar character, that I might give, I cannot avoid the conclusion that the use of well water during the prevalence of cholera, is often followed by fatal consequences.

It is proper to observe, however, that a few persons residing on Spring street, who did not use well water, were affected with chol-

era—but the disease was mild, and readily yielded to the ordinary treatment.

* * * * When cholera is prevailing, I would discourage the use of well or spring water,—and would at the same time urge a strict attention to cleanliness, ventilation, the avoidance of crude, raw, or unripe fruits and vegetables,—and the observance of all the great laws of health.”

With great esteem,

Your friend,

JOSEPH RAY.”

WOODWARD COLLEGE,
April 13th, 1850.

I am informed by a gentleman just returned from a visit to *Charleston*, South Carolina, that rain water is in general use in that city, except in seasons of unusual drought, when the wells are resorted to;—this accounts for its escape from epidemic cholera, and likewise for the usual good health of its inhabitants—although hemmed in by an extremely malarious district of country. A portion of those wells may produce *hard* water, and it is quite probable that if the infection of cholera reached that city when the use of well water was compulsory, that it would prove epidemical. So large a portion of *Charleston* borders on salt water, that it would be reasonable to expect that the water of the wells would be strongly impregnated with muriate of soda, which is sufficient to account for its being *hard*.

APPENDIX.

Croton water,—one gallon contains $6\frac{1}{2}$ grs. solid matter, about 1-6 grs. chloride of sodium.

3-8 “	“	lime,
1-6 “	“	alumine,
1-6 “	“	sulphate soda,
1-4 “	“	lime,
5-6 “	“	phosphate alumine,
1-14 “	“	silicic acid,
2- $\frac{1}{2}$ “	“	carbonate lime,
1-16 “	“	magnesia,
1-5.6 “	“	salts, soda, and organic acids—a trace

of manganese.

“The *Croton water* at New York, is now distributed to about 37,060 houses; 7000 houses covering many miles of streets, are out of reach of supply from that source; the *Mains* are laid down for 200 miles.”

Analysis of one gallon of water—*Schuykill river*.

Chloride sodium,	.1470
“ magnesium,	.0094

Chloride aluminium,	.0570
Sulphate magnesium,	.0570
Silicic acid,	.0800
Carbonate lime,	1.8720
“ magnesia,	.3510
Salts, soda with silicic and organic acids,	1.6436

—
Boston—*Cochituate*—or *Long Pond*.

Chloride potassium,	.0380
“ sodium,	.0323
“ calcium,	.0308
“ magnesium,	.0764
Sulphate magnesium,	.1020
Alumina,	.0800
Silicic acid,	.0300
Carbonate lime,	.2380
“ magnesia,	.0630

From the Cincinnati Gazette.

GEOLOGICAL THEORY OF CHOLERA.

OXFORD, Ohio, Oct. 20, 1849.

Messrs. Editors:—In compliance with your request, I will very briefly state some of the facts connected with the progress of the cholera at Oxford, so far as they have a bearing upon the question of the *geological theory*. A brief explanation of the character of our formations may be necessary to a proper understanding of the statements I shall make.

In nearly all limestone districts, the rock is interstratified with *marlite*—a mixture of lime and clay. The limestone rock is impervious to water, but the joints and fissures in the strata allow the descending rains or melting snows, to penetrate the earth, often to great depths. But where the rock is interstratified with the *marlite* the water is prevented from reaching any greater depth than the *marlite*, because of its compactness.

Where the overlying soil rests upon the *marlite*, the rains can only penetrate through the soil and must run off in springs, or into wells, if coming in their way. The rain-water, of course, takes the *putrid matter* of decomposing animal and vegetable substances, and bears it down into the earth with it, where the porous nature of the soils and underlying strata will permit. But where the soil and strata are more compact, the water is *filtered* and the *putrid matter* left behind in the soils, sands, &c., and the water reaches its outlet in a state of purity proportioned to the depth penetrated and the capacity of the medium, through which it passes to retain the impurities.

In the diluvial districts, where the soil rests upon a deposit of

sand, gravel, pebble, &c., the water most generally penetrates through both the soil and diluvian before it reaches the marlite or limestone arrested in its descent, and made to pass off into springs and wells. The thickness of the diluvian is from one foot to two or three hundred, in different localities. Where it is of great depth the rain water, penetrating down through its sands, may become fully purified from all putrid matter.

In sand-stone regions, the rock is generally interstratified with *shale*—sand and clay intermingled, which is more porous than *marlite*, and permits the surface water to penetrate through it. An occasional stratum, however, is compact enough to act as flooring to conduct the water into springs or wells. As the water of sand-stone districts usually penetrates to a greater depth than in those of limestone, it is usually better filtered and more pure.

At Oxford we are on the upper portion of the *blue limestone* or *lower silurian* of Geologists, where the marlite predominates, and but little soil and diluvian covers it and the rock. The town is built upon an oblong mound shaped hill. There are occasional patches of diluvian underlying the soil, and resting upon the rocks or marlite, but never more than a foot in thickness. The descending rains, consequently mostly pass rapidly off upon the surface, or in natural drains or sewers, a little below the surface. Some of our wells are in the range of these natural sewers, and receiving their contents are filled up rapidly with the *unfiltered* murky surface water, which bears along the putrid matter derived from the decomposing vegetable and animal substances of the filthy portions of the alleys and streets. Other wells having their surface of supply from a greater depth, are unaffected by rains, and the water, being well filtered, is always transparent and pure. The water of these wells, however, penetrating through the limestone strata to a greater depth, is more highly impregnated with carbonate of lime, than the others which are filled more rapidly.

After careful inquiry, I find that the cholera assumed a more malignant form in the families whose wells of water filled up most rapidly during rainy weather. This effect seems to be in accordance with other ascertained facts. The presence of *putrid matter*, in streets and alleys, is supposed to be an *exciting cause of cholera*, the miasma, or animalcula from which, being inhaled or penetrating the pores of the skin. May we not then conclude that the same putrid material, transferred by the rains to wells or springs and taken into the stomach, may also be an exciting cause of cholera? Other exciting causes existed, such as drinking acid spruce beer, eating green fruit, and other indigestible vegetables, &c. But in nearly all the cases where these causes did not exist, and the family was not surrounded by local deposits of putrid matter, the epidemic was most malignant where the water used for drink was taken from wells filling up rapidly, as before described.

At the College, where the wells are deep and are not affected by rains, there were no cases of well defined cholera. But the water of these wells like those in town of the same kind, is more highly impregnated with the lime than the other class. Is it not fair inference, therefore, that the carbonate of lime, in the water, is not an exciting cause of cholera?

The town of Eaton and the city of Sandusky, and also New Boston, a little east of Richmond, Ia., where the cholera was so fatal, are all upon the *cliff limestone*, or upper silurian. The rock at all these places lies near the surface, and I should expect the circumstances connected with their wells to be similar to those of Oxford.

The town of Hamilton, and most of the other towns along the Miami Valley, are built where the diluvian is of great depth and the water may be perfectly filtered in its passage through the sands. These places suffered but little from cholera compared with the towns on the highlands where there is less depth of diluvian.

It has been observed that cholera has prevailed more generally in limestone regions, than in those of sandstone or granite, and it has been supposed that the carbonate of lime with which the water is impregnated, is an exciting cause of cholera. This opinion derives no support from the facts ascertained at Oxford. But it may be asked, why should it have a more extensive range in the limestone districts, if carbonate of lime be not the cause? I need only remark in reply, that the explanatory statements made in relation to the Geology of Oxford, will apply to all limestone regions in the world. Both springs and wells, in limestone countries, are greatly affected by rainy or dry weather, in the first being flush and full of water, and in the last failing almost entirely. May not the greater prevalence of cholera in these cases, be due to the influx of putrid matter from the surface of the surrounding lands.

Yours,

DAVID CHRISTY.

DISCOVERY OF THE VIRTUES OF THE DRAGON'S-BLOOD.

(A PLANT OF THE DOCK FAMILY.)—BY M. LOUIS DESCHAMPS.

About the year 1830, I received from France several boxes of plants; it happened accidentally that there was a seed of the dragon's-blood, (*Lapatham Sanguineum*) in the soil around them. The plant had been known to me from childhood, as an excellent remedy in cases of cuts. I took the greatest care of it, and prized it exceedingly. In 1832, I received a severe confused cut in the hand, which bled profusely. I suffered extreme pain. The thought then struck me, to apply the dragon's-blood to check the hemorrhage, and reunite the parts. I was astonished to find that as soon

as I applied it, the pain disappeared; in a few hours the contusion was no longer visible, the lips of the wounds appeared to be perfectly united, and only to require time to render their adhesion secure and permanent. A fact once observed, rarely disappears from my memory, and that which I am about to relate, is of somewhat more recent date than the preceding. Some time after the occurrence just narrated, while on a party of pleasure in the country, my knee-pan was pierced by a thorn. I felt but a little dull pain, at the time, which did not check my activity, but as soon as I went to bed I experienced the most acute suffering. I applied poultices all night, without deriving from them the least possible relief, my leg was drawn up and became very much swollen. Being unable to sleep, I had time to consider what I could find to alleviate the pain. If I had then known the virtues of my panacea, I should have used it successfully; though perhaps its effects would not have been so speedy as those produced by the dragon's-blood, as the injury was merely a local one. I recollected the effects produced by the dragon's-blood on my former contusion; and as soon as day broke I obtained a large number of leaves, which I applied, after bruising them, to the swollen part of my knee. With the first application, the pain ceased; I was able to stretch out my leg, and walk immediately. After having walked all day, my knee was entirely well. How long the thorn remained in my knee, I cannot say, but I often felt it there long afterwards, without experiencing any inconvenience from its presence.

One of my friends received a severe contusion on some varicose veins which he had in the leg, and suffered extreme pain in consequence. He applied a strong compress of dragon's-blood leaves, and was able, immediately afterwards, to walk without difficulty. In the space of four hours every trace of the contusion had disappeared, and the limb resumed its original condition. The pain which he had frequently suffered from the varicose veins, entirely subsided, and the limb became stronger than it had usually been. Afterwards, when he felt any weakness produced by his varicose veins, he adopted the same remedy, with the same beneficial results.

One day, while out walking, I accidentally sprained my foot. I returned home at 2 o'clock in the afternoon, unable to walk. I suffered greatly; my foot was much swollen; I applied a strong poultice of dragon's-blood leaves, and was able to walk about all the afternoon. In the evening my foot was quite well.

Pursuing experiment after experiment, I cured by the aid of this plants various kinds of ailments, and hence I concluded that the same result would follow in all kinds of spontaneous external injuries. I applied it to cure the stings of venomous plants and insects, with uniform success. The pains caused by burns was immediately relieved by its application. I have never had an opportunity of

using it in very large burns, or at least, if so, I have forgotten it; but I think its effects would be the same, and their rapidity would be proportioned to the severity of the case.

I have tried it in spontaneous rheumatic affections, in external irritations and in swellings, always with the same success. In cases where a thorn or splinter, or other extraneous body has entered the flesh, the application of the dragon's-blood prevents any serious consequences.

I was at the time of these occurrences on terms of intimacy with the principal physicians of the neighborhood; to them I communicated the virtues which I had observed in this plant and urged them to use it in the hospitals of which many of them were directors, giving them at the same time as many of the leaves as my garden would supply. They almost all treated the proposition with ridicule, and told me that any other plant would have effected the same results. Two, however promised by way of complaisance, to use it, but never did so.

However I met with a physician of good sense, a true philosopher, and a man possessed of various rare professional attainments. All his limbs had been paralyzed for twenty years, yet he still continued to practice medicine, and enjoyed a high reputation for the cure of certain complaints. He made his calls in his carriage, his servants carried him to the patient's bedside. There was still enough strength in his hands to enable him to feel the pulse, and write a prescription. I advised him to make use of the dragon's-blood, after giving him the details of the results which I had obtained from its application. He replied, "I have thus far availed myself of all the resources of our art, without having experienced the least alleviation of my sufferings. Since then, I have had recourse to what are called 'old women's remedies,' which are sometimes better than those which our profession prescribes, but still I derive no benefit from them. Our art is yet in its infancy, and I fear that we have entered on a wrong career, which it will be difficult to abandon. The science of medicine should be simplified as much as possible, while we do the reverse. Society, in vesting us with so great a privilege, without holding us responsible for its exercise, has been blind to its most sacred interests. It has said to us, 'Let medicine be a progressive science, but at the same time you must live by your profession,' two conditions which, are entirely incompatible with each other; for by the term 'live' we understand, at the present day, 'make a fortune as rapidly as possible.' Progress in medicine is the extension of disease, and this is the curse of those who practise the profession.

"Medicine would long since have been on the high road to perfection, if society had imposed on the physician conditions directly the reverse of those which now exist. His fortune would then be derived not from the number of the sick, but from the number

of the healthy. Important results would have arisen from the view of the duties of the physician. In the first, there would have been an end of that spirit of rivalry, which prompts every professor of the healing art to present himself to the community as the Hippocrates of the era, to the prejudice of his brethren, whom he too frequently stigmatizes as ignorant pretenders. A continual state of discord prevails, where nothing but harmony ought to exist. Had we desired the progress of our art, we should have sought and found the means of advancing it. At present, the success of a physician rarely depends on his talent, but usually on the appearance he is able to make in the world. Polished manners, a fine carriage, and an introduction to the principal families in the neighborhood, are frequently found sufficient to establish a reputation as the first physician of the place. In a science where quackery is a means of success, artful deception is the great desideratum. The medical faculty of Paris, which is regarded as the most enlightened in the world, justifies my assertion in granting diplomas as health officers to men who are allowed to dispense with all study, and who yet practise medicine throughout France to the same extent as regular physicians, universally receiving the title of doctor, and being invested with the regular credentials of that rank.

"Surgery is a science which I revere, and in which great improvements have been made. It is nevertheless a science in which all who practise it should be held responsible for the result of their operations. Yet how often do we meet with persons who have sustained irremediable injuries from the ignorance of their surgeons. The immense influence exercised by professional men over the minds of the people, might be productive of the most beneficial results, if it were only exerted on behalf of the cause of humanity. In their eyes we belong to a supernatural order of beings who penetrate the most occult science of nature: hence we are every moment overpowered with the most extravagant questions, which too many of us make no scruple in answering with the most confident assurance. The love of the marvellous is deeply implanted in the human mind. Man prefers that which he cannot understand, and which is shrouded in mystery. When will poor humanity reflect with its own brain, and not with that of others! That simple, sterling good sense which is our safest guide, is almost universally neglected. The custom of believing without investigation, converts us into mere machines, and renders the present era unworthy of the name of a civilized age.

"Medical science, in my opinion, made a retrograde movement in substituting mineral for vegetable remedies. It is true that we have increased the business of the druggist: and we had something at stake in doing so, for vegetable medicine was becoming so popular and simple as to interfere with our ministrations. But we have thus abandoned the true course pointed out by nature. Our

art has diverged from the path of progress. We had a vast and limitless field to explore. Often does the proper remedy lie at our very hand, while we remain ignorant of its existence. I am persuaded that as soon as we seriously investigate the medicinal properties of the vegetable world, and publish to the world the result of our researches, every man will become his own physician. I am convinced that there is a very prompt method for attaining this end, and advancing with a giant's pace the progress of the healing art. Let all nations unite in collecting from their domains all the vulgar medical remedies in vogue, which almost always consist of vegetables. Let these be fairly and conscientiously tested; and in cases where peculiar medical recipes exist, the knowledge of which is confined to certain families, if these are found efficacious, let the secret be purchased, no matter at what price. Thus the most uncultivated tribes might furnish us, perhaps, with the most valuable discoveries."

Such were my friend's observations. I told him that I agreed with the opinions which he had expressed,—that I had witnessed among savage tribes the application of certain plants, which effected wonderful cures,—that I believed the virtues of the dragon's blood to have been well known to the Gauls,—that we had in France a multitude of plants of rare virtues, but which had been long entirely neglected. The plantain, for example, is a remedy which I have always seen prove effectual in external wounds. Its application is extremely simple. It is only necessary to take the leaves, beat them between the hands, and apply them to the wound, so that they may come in close contact with it. Several leaves can be placed one over another, and they may then be frequently changed, especially when the suppuration is very profuse, which is generally the case at first, though it gradually diminishes until the wound is entirely closed. When the wound is very deep, the leaves must be crushed, and the juice must be introduced until the leaves can be applied. If these cannot be obtained, the root must be substituted. This plant would probably produce very beneficial effects in various internal disorders.

My philosophical friend told me that he would experiment on himself with the leaves of the dragon's-blood. I gave him all that I had. He came to me some days afterwards, to congratulate me on the effects which it had produced. He said that there was much more motion in his arms, that he was stronger, and that he had never felt better since he was paralyzed. He added that he intended to make a general application of it over the whole body, but that he required a further supply of leaves for that purpose. I gave him some plants, and also some seed that he might cultivate it himself in sufficient quantity. Since that time I have not seen my medical friend, but a short time afterwards, one of my intimate acquaintances called on me, and on my asking him what news he had to tell me, he

informed me that he was going to see our medical philosopher, that he found him very ill, and that for three days past he had experienced the most acute suffering, which allowed him not a moment's repose; that his servants in carrying him to see one of his patients, had let him fall on his vertebral column, that he had tried all sorts of remedies, without deriving benefit from any, but, on the contrary, that they seemed rather to increase the pain. I inquired if he had tried the dragon's-blood, and on receiving a reply in the negative, I immediately requested my friend to take him a supply, which he did. The leaves were slightly crushed; a bed of them was made for him—the doctor fell into a sound sleep, and awoke entirely relieved.

A lady of my acquaintance had the misfortune to break her leg. The surgeons set it as soon as the clothing was removed. She felt, as is always the case after a fracture, severe pain, great irritation, general weakness and considerable inflammation. I desired her, without the knowledge of her doctors, to try an application of the leaves of the dragon's-blood, which she did, and immediately experienced its beneficial effects. The pain and irritation disappeared, and in a very short time she was able to use the limb, though it had been severely fractured.

The doctors congratulated themselves on so speedy a cure, especially in a subject of her age, (55 years,) but they were not informed that their prescriptions had not been implicitly followed.

I communicated in 1848, to M. de la Morissier, (then minister of war, and charged with the colonization of Algiers,) the fact that the progress of the colony depended greatly on the culture of maize, and in its general use, which was neglected from ignorance of the immense advantages which the colonists would derive from it. I proposed to furnish them with all the necessary means for attaining this end. At the same time, I gave him three cases of dragon's-blood seed. I said that it was my opinion that this plant, in the climate of Algeria, would develop the same virtues which I had found it to possess in others—that it would be of essential service to the colonists, being always at hand. [It is very easy of cultivation, being sown in a moist soil, and transplanted in almost any soil as soon as it has four leaves, with an interval of about a foot between every two plants. The plant, when once transplanted, is very robust and hardy.] That it would be especially valuable to men living in a strange climate, where they would experience a thousand annoyances produced frequently by trifles, but which yet might deprive them, sometimes for a long period, of the use of their limbs. Bruises, contusions, splinters, stings from venomous plants or insects, burns, sprains, spontaneous sickness, inflammations—that of the eyes for instance, and all sorts of exterior irritations would be almost immediately cured by the prompt application of the crushed leaves of the plant, or, if these could not be obtain-

ed, the root might be substituted. A quantity of the crushed petals might be put in alcohol for use during the winter, and though the virtues of the plant would not then probably be so active, the preparation would yet prove very valuable.

The Minister of War listened to my remarks with a complaisance which was nothing more than formal politeness, and which induces me to believe that my dragon's-blood seed is still in the Bureau of Colonization, unless indeed it has been thrown into the gutter.

TREATMENT OF BURNS WITH MILK.

BY DR. C. JOHNS.

When called to treat a recent burn, our first object is to reduce the inflammation; or, as the old saying is, "take the fire out," which must be done before the pain will abate in the least. In view of the above object, the first thing we call for, is a supply of fresh milk, sufficient to saturate cloths enough to cover the affected parts, and to keep them thoroughly wet, either by dipping them in the milk, or by pouring it on them as they lay upon the wounded parts. The milk should be kept cold by the addition of more, or, if convenient, put in a little ice at a time. By taking care not to let the milk be wasted, you may continue to use it over and again, by keeping it cool as above described. We continue the above course till the acute pain ceases, which leaves the wound no worse, as to pain, than a flesh wound from any other cause. In case of faintness, we give some diffusive stimulus to arouse action and create an equal circulation. When the pain has ceased which of course varies in time according to the extent and severity of the burn, we take cold water, seven parts, alcohol, one part, mix, and wet soft linen cloths in it, and apply to the parts, these may be wet as often as they become dry or hot, till reaction takes place in the affected parts, which will, as in the case of the pain, be in proportion to the extent of the injury. We next prepare a salve after the following formula:—

R	Ol. Olive,	-	-	-	-	-	-	3ij.
	Beeswax,	-	-	-	-	-	-	3ij.
	Burgundy Pitch,	-	-	-	-	-	-	3j.

Melt them together, and spread them on soft muslin, have them all ready to apply as soon as the others are removed, for the air causes the burnt surface to smart, therefore shield it from the air as soon as possible. This dressing is changed once or twice a day, which very soon causes a healing condition of the wound, which goes on rapidly till complete. We wish here to add, that for the time we have pursued the above course, we have not for once, had the first wish or desire to change our treatment; our success has been so perfectly complete as to often astonish those who have witnessed the result—and if not quite astonished ourselves, to at least give us great

satisfaction in knowing that by these seemingly simple means, we have in every case (where the least hope could be entertained,) given immediate relief, and saved quite a number of our fellow-creatures from *severe and protracted suffering*. If time would allow, we might give the particulars of several severe cases, together with the names, residences, etc. Suffice it to say, that we have had a fair chance to test this method of treatment. About two years ago, in this city, in the case of a lady and son, both were burned by the bursting of a spirit gas lamp; the mother upon the hand and forearm, and the son upon the hands, and over the neck and entire surface of the face. The mother had the fashionable treatment, i. e., Linseed and Olive Oils, lime water and cotton. Her pain for several days was extremely excruciating, allowing her no sleep unless opiates were given; in fact it was six months before she got well. We were called to treat the son, a lad six years old, and prescribed the course given in this article. In one hour from the time he was burned, the inflammation was so far reduced, that the little fellow ceased crying, and experienced but little pain after that. In two or three weeks he was well with the exception of the tenderness of the new skin. After writing this much, we consider it no more than fair than to briefly state how we came to use milk in treating burns.

Six years since, while attending a fever patient, we had occasion, upon one of our visits, to make use of boiling water, and by carelessness or some mishap, we had the fingers of our hand severely scalded. Our first notion under the smart and sting of the burn, was to thrust the hand into cold water. At that moment, a lady asked "if we wanted to know what would take out the fire in less than ten minutes, so they would not blister." Our prompt answer "yes" was no sooner given, than she said if her remedy did not stop the pain in ten minutes, she would give us \$5.00. Next came the directions, which was simply to immerse the hand in cold milk. The milk was soon on the table, and our hand in it. The result was that in six or eight minutes the pain was gone. So we lost both the \$5.00 and the pain. From that time we have used nothing else to take out the inflammation, and, as we have before said, have never known it to fail.

Our candid belief is, that should any, or all physicians that may chance to read this, be induced to try this course in the next burn they may be called to treat, they would be so well satisfied, that they would say with us, "We have no need of any other remedy."
—*N. Y. Eclectic M. & S. Journal.*

THE FACULTY AND THE BAR.—The legislature of Ohio, at its session of 1826, passed an act under the operations of which, Attorneys and Counsellors at law, with Physicians and Surgeons, were subjected to a tax on their profession.

One singular feature of this law was, that it comprehended for

tax purposes, also, *horses, mules and jackasses*. Whether this was by way of slur on the learned professions, and intended to cover that portion of them usually called asses, who might not be included on the regular list, must be a matter of inference, alone.

A registry of these professions was accordingly made upon the county records, of thirty-four lawyers and twenty-six physicians. Since that period, the members of the bar have increased six fold, and those of the faculty ten fold. Of the thirty-four lawyers, nineteen yet survive, although more than half of these are out of professional business. *Bellamy Storer* is the senior counsel at our courts.

Of the twenty-six physicians, five individuals, only, survive, all of whom are in active business. *Dr. Drake* is the senior in practice.

Let me state farther classified details, and draw an inference or two. 1. After the lapse of a quarter of a century, more than half of the lawyers, and not one-fifth of the physicians are living. This shows the exhausting character of the latter profession, and, also, physicians not studying, as a general rule, so closely as lawyers, that bodily fatigue with loss of rest, is more destructive of life than mental toils, merely. 2. Of the seventeen attorneys at law, seven have abandoned practice, having all become independent and wealthy—some of them extremely so. Three more engaged in other employments, more agreeable to their taste. Three removed to other places. Four of those remaining in practice have accumulated handsome fortunes. Two, only, have failed to get rich—a sufficient reason for which, is their unfitness for the profession they chose. It may prove a profitable suggestion to the members of the present bar, to say that the attorneys who removed to other places, had previously broke down here, by neglecting their profession for politics, having held office here, which left them as poor as when they commenced law practice.

Every individual on the medical tax list of 1826, is still engaged in the profession, or died in the practical harness. One, only, of the entire number, may be considered wealthy.—*Cist's Adv.*

DEATHS BY CAMPHENE.—The Rome (N. Y.) Sentinel says:—"Our readers will recollect the announcement of the death of Mrs. Harriet Spencer, wife of Mr. H. D. Spencer of this village, at the residence of her father, Col. Chapman, in Clockville, Madison county, early in May last. We have the melancholy duty of recording the death of her mother, Mrs. Chapman, under similar circumstances. The particulars of this sad and heart-rending bereavement are as follows: Mrs. Spencer, who had been married but a short time, was spending some time at the residence of her father in March last, had occasion to do some washing, and, as we be-

lieve has been customary with many, used camphene in the process; but whether the quantity used was too large, or from what cause, we are not informed, but immediately after its use she was attacked with severe pain and suffering, similar to inflammatory rheumatism, and which finally caused temporary insanity. After remaining in this condition several weeks, and suffering most intensely, she found an opportunity, notwithstanding the greatest watchfulness on the part of her friends, to commit suicide.

Mrs. Chapman, the mother of Mrs. Spencer was in the room with Mrs. S. at the time the camphene was used, and was attacked in nearly the same manner. She has continued in ill health, with occasional spells of insanity, until two or three days ago, when she also committed suicide, by twisting a handkerchief so tightly around her neck, while in bed with her husband, as to deprive her of life.

Thus have the lives of two amiable and highly respectable females been sacrificed in consequence of the use of an article dangerous at all times, and, when used in too great quantities, capable of the sad effects above narrated. Mrs. Spencer, since her marriage, had resided in this village, with the exception of some time spent at her father's, and by her amiable disposition and fascinating manners had won the esteem of all who had the pleasure of her acquaintance. Of Mrs. Chapman we hear the same good opinion expressed, and regret to record, in so brief a space, the death of two ladies so much endeared by their virtues to their friends and acquaintances."

CURE FOR BALDNESS.—A distinguished General (Twiggs) returned from the Mexican war covered with "glory." He had however, two marks of hard service which laurels could not hide—as they did Cæsar's baldness. One was a head as white as wool; and the other a cutaneous eruption on his forehead. For the latter, he was advised to try a mixture of sulphur, and sugar of lead and rose water. In applying it, some of the mixture moistened the hair on his forehead, and after a while this part of his hair resumed its original color. He then applied the mixture to all his hair, and it became, and is now, of its primitive sandy hue. He communicated the fact to some of his friends in Washington—especially to some ex-members, who are widowers, and seeking *preferment*—and it has been found efficacious in every instance. It does not dye the hair, but seems to operate upon the roots and restore the original color.

The receipt is as follows: 1 drachm Lac Sulphur; $\frac{1}{2}$ drachm Sugar of Lead; 4 ounces Rose water; mix them; shake the phial on using the mixture, and bathe the hair twice a day for a week, or longer if necessary.—*Baltimore True Union*.

DIMINISHED MORTALITY.—A correspondent of the Tribune yesterday, referring to the diminution of deaths in this city since 1847 at the rate of MORE THAN THREE THOUSAND A YEAR, asks "How is it to be accounted for?" and justly adds that it can hardly be shown that any great change has taken place in our climate or our diseases. I would inform him that the change arises from the fact that the physicians have been *compelled* to alter their *treatment* of diseases. This is the cause of that effect.

Some time ago a very sensible German physician petitioned the King of Prussia to make the employment of the lancet *penal*, for which he was laughed at from one end of Europe to the other. Why was he laughed at? Because although he had a clear idea himself of the destructiveness of "that minute instrument of mighty mischief," he could not prove it to the satisfaction of others. In 1845 I reprinted Dr. Dickson's (of London) Chrono-Thermal System of Medicine, containing the required demonstration, clear as any problem in Euclid, bearing the lancet to the ground with a force as resistless as that which the apple of Newton obeyed. Yes, it is five years since I took Sangrado by the throat and begun to force him to surrender his lancets, his leeches and his calomel. It has been a terrible scuffle with the ugly brute. But I am yet hale and vigorous, and by the aid of Heaven, I will not let go my grasp until I get away from the savage monster not only his murderous weapons, but shall have squeezed every particle of breath out of his scoundrel body.

WM. TURNER, M. D.,

Chrono-Thermal Practitioner.

The same ratio of diminution of deaths throughout the United States, estimating at 22,000,000 of population, would show a saving of 150,000 lives a year! Quite a respectable number, and rather alarming to our undertakers. It takes a good many ships to bring over that number of persons from Europe. Ah, Sangrado! Sangrado! It washigh time you should receive a check in your sanguinary career.—[*N. Y. Tribune.*]

W. T.

INFUSORIA ON THE TEETH.—Dr. H. I. Bowditch, of Boston, in a paper in Silliman's Magazine, has given the results of a microscopic examination of the accumulations on the teeth of 49 individuals, most of whom were very particular in their care of the teeth. Animalculæ and vegetable products were found in every instance except two. In those cases the brush was used three times a day, and a thread was passed between the teeth daily. Windsor soap was also used by one of these two persons with the brush. Dr. B. had tried various substances for destroying the animalculæ, and especially tobacco, which seemed to be without effect. Soap suds and the chlorine tooth wash, however, were potent destroyers.

ON THE TREATMENT OF AGUE BY A SINGLE DOSE OF QUININE.—BY DR. C. PFEUFER, OF HEIDELBERG.—Dr. Pfeufer states he has had much opportunity of treating this disease, and was formerly in the habit of prescribing from 15 to 20 grains, in divided doses, in the intervals of the paroxysms. Latterly he had given five grain doses, until from 40 to 60 grains were taken, and with great success. The number of patients having greatly increased during the bivouacs consequent upon the revolutionary disturbances, the expense of so much quinine was found a serious consideration; and he determined to try, whether by a different mode of administration less might not suffice, and, certainly, if the results he has arrived at are confirmed by others, he will have conferred no ordinary boon upon the distributors of charitable medical relief. He finds, indeed, not only that the expense may be vastly diminished, but the cure expedited and rendered more certain, by administering a *single ten-grain dose* (made into four pills, with ext. of *millefolium*,) on a day free of fever. This dose is well borne, none of the inconveniences which result from the long continued use of small doses, or the tinnitus, giddiness, &c., produced by very large ones presenting themselves. The subsequent attack is weaker, and its successors still more so, the convalescent remaining in the hospital from four to eight days. A tabular view of the particulars of 34 cases so treated is given.—*Henle and Pfeufer's Zeitschrift*, B. viii, pp. 234-44.

CASE OF LACTATION IN A MALE.—BY C. W. HORNER, M. D., OF PHILADELPHIA.—Dear Sir: According to your request, I send you the particulars of a case of lactation in an adult male. It occurred in the person of an athletic American, named Charles Collins, aged 22 years, a blacksmith, working at his trade in New York. About the 10th of February last, his attention was first drawn to his left breast, which appeared to be enlarging, and continued to increase in size for three weeks; he became quite anxious in regard to his condition, for, although he suffered very little pain, the mamm had become quite as large as a female nursing. He, therefore, through the persuasion of an aunt, was on the twenty-third of March, induced to apply at the Clinic of the Jefferson Medical College, to consult the faculty of that Institution. His case came up before Prof. Mutter, who, upon examination, found the mammary gland largely developed, and filled with the lacteal secretion which differed in no wise from that of a mother. He could assign no cause for this freak of nature; his health was very good, and the other breast natural. A soap plaster was prescribed, and compression ordered to be kept up, which he persisted in for full six weeks, when the gland returned to its usual size; and when I saw him this morning at Fairmount, where he now resides, it was in every respect like the other.—*Phila. Ledger*.

Part 3.--Editorial.

OUR NEXT CAMPAIGN.

The Institute is now fully organized and prepared for another session in the most satisfactory manner. Never since its establishment has it been in a better condition for attaining the aims of a medical college. Each member of the Faculty has attained an amount of professional experience which will make him perfectly at home in the discharge of his duties, familiar with his subjects, and apt in imparting instruction. We have none of the incumbrances which so often render schools of reputation comparatively unsatisfactory.

In the most distinguished medical schools of the west, those of Lexington and Louisville, the entire value of the collegiate course was greatly abated by the signal unfitness of the occupant of the chair of Theory and Practice of Medicine. Prof. Cooke and Prof. Drake, who have held that position for upwards of twenty years, were notoriously unqualified for such a department. The ultra-mercurial practice, and the tedious lectures of Professor Cooke were at length condemned by his own associates who induced him to resign his chair to save the reputation of the school. The well known inferiority of Prof. Drake in practical medicine, (notwithstanding his literary talents,) is too familiar to the medical men of the west and south to need illustration. The vast superiority of Prof. I. G. JONES as a practitioner to these distinguished leaders of old school medicine, and his very decided superiority to either as a sound and impressive teacher, indicate plainly that we may expect in the graduates of the Institute a corresponding superiority of medical attainments to the average standard of a profession which has been led by teachers so notoriously unsound and unskilful.

The great superiority of our course of *Materia Medica* over the meagre courses in most of our colleges, is another signal advantage of the Institute, which is alone of sufficient value to give its graduates a decided ascendancy in practice over others of so much more limited resources.

In reference to the Homœopathic *Materia Medica*, it is not designed the coming session to undertake any systematic course of instruction, as it is doubtful whether the attention of the student can be given to these collateral subjects without interfering too much with the great object of becoming thoroughly familiar with the more potent resources of the healing art. The philosophy of medicine will be taught as heretofore in connection with cerebral physiology, showing in what manner to regard the various medical resources and medical systems which are auxiliary to the great American reform, and which are worthy of the particular attention of medical men. The Eclectic Reformer should so understand his profession as to be ever ready to avail himself of any convenient assistance from Hydropathic or Homœopathic resources.

The chemical department of the Institute has been placed in its true relations to the school. A great practical error has heretofore been committed in our colleges in making chemistry, which is but an accessory science, as prominent as anatomy or any other subject. To assign as much time and attention to the study of chemistry as to the study of *Materia Medica*, is a gross disregard of practical utility, and to place chemistry upon a par with Theory and Practice of Medicine, is an absurdity which has been tolerated too long—*reform* is indispensable. In a mere academic course for the benefit of lawyers, divines and merchants, chemistry might stand upon a par with practical medicine or anatomy, but in a school for the preparation of physicians, how unreasonable is it to give the same attention to the barren details of inorganic chemistry which are forgotten in a few years, as to the great principles and rules of therapeutics upon which the question of life or death so often hangs suspended. Such a course may harmonize with the cold and selfish pedantry which has prevailed so long in medicine, but it is not in harmony with the spirit and principles of medical reform. Chemistry should occupy its proper sphere as accessory to physiology, pathology and pharmacy—its sphere is subordinate.

In the department of Surgery the class will have the advantage

MEDICAL NEWS.—Dr. Detmold having been appointed to the chair of Theory and Practice in the University of New York, Dr. Valentine Mott has resigned the chair of Surgery. Dr. Detmold thereupon also resigned his chair, and the two chairs thus vacant were tendered to Professors Gross and Bartlett of the Louisville Medical Institute, by whom they were accepted a few weeks since. This acceptance and the resignation of their chairs at Louisville, will be a severe blow upon the prosperity of the Louisville school, as it will be impossible to replace these gentlemen in due season, by others of equal eminence. Caldwell and Drake, Gross and Bartlett, the men who built up the reputation of the school, being withdrawn—a decline in its prosperity seems inevitable, thus placing it upon a level with its rival school lately removed from Lexington, and removing from the Ohio Medical College an overshadowing competitor. It is pleasing to see a Western man appreciated at the East. Prof. Gross, a very accomplished gentleman and ardent student of his profession, has gradually risen to its highest rank. By the way, the Louisville school appears to be awkwardly situated. After quizzing through its Journal the dilemma of the New York University, deprived of its two leading Professors, it finds itself in the very same predicament. The Journal expressed itself quite delighted with Prof. Bartlett's clinical teaching, as superior to any thing which had yet been seen in that line—how must the friends of the school feel in falling back to the vague and unsatisfactory teaching of Prof. Drake?

N. B.—The rumor of Dr. Drake's appointment proves to be incorrect.

HINTS TO SUBSCRIBERS.—When you subscribe for a Journal, write your own name and address in the most legible manner possible. Proper names are arbitrary, and if you do not write perfectly plain, there is no rule for guessing to help one out of the dilemma. In writing to an editor, give your address in full; frequently letters are not answered, because their dates do not show in what State they were written, or to what post office they are to be answered. If you ask any question concerning your subscription, or wish your address changed, do not fail to give your post office address, for it is by your post office that your name will be found on the books. By neglecting this, you may impose an hour's labor or more, of the most tedious character, upon an editor, who would

rather lose your subscription than be thus taxed by losing his time and labor when he is urgently occupied. Finally, remember that Journals are bankrupted in all cases by negligent non-paying subscribers, and if you wish to keep up a Journal properly, send your remittance for each year in the month of December preceding, so that the expenses of publication may be met, and the editor may know upon what to rely for the coming volume, and graduate his edition accordingly.

CLAIRVOYANCE.—Mrs. B. G. Bushnell, a celebrated clairvoyant, is now in this city, and engaged in making examinations of a Pathological, Physiological and Phrenological character. Her charge for examinations is \$1, and for prescription \$1. Her powers are truly wonderful; she will describe any patient either present or absent, and prescribe for their treatment. So far as I have tested her skill, she appears to be correct in diagnosis. Her prescriptions too are very judicious. She uses Antipathic, Hydropathic and Homœopathic remedies like a true Eclectic. So far as my observations go, all clairvoyants prescribe in accordance with the principles of American Eclecticism.

CORRESPONDENCE.

Dr. J. Y. BROWN, of Waynesburgh, Green Co., Pa., says:—“I have prescribed and administered medicine to over five hundred cases within the last two years, and have not lost a case during that time of my own, and but three second-handed cases. I have five Allopaths to contend with, and have about one-third of the practice done from this place, and still gaining ground to such an extent as to alarm the disciples of bigotry and error.”

Dr. J. N. McCORD, of Greenville, Illinois, says in a letter:—“I have been practising on the Eclectic System the past year, and feel warranted in saying that it is far superior to the old Allopathic practice, which I first studied and practised. It is gaining ground in our country very fast.”

Dr. D., of Tennessee, writes:—“I am a practitioner of scientific or Allopathic medicine—graduated in Medical department of Transylvania University, in 1846, since which time I have practised my profession without intermission; and although my success has been—I flatter myself—equal to my acquaintances and colleagues, yet there are some things about which I confess I do not

feel fully satisfied. It has again and again occurred to me that Physicians practising your system of Medicine were more successful in some diseases than myself and colleagues, and my motto has always been to seek after *truth*, and embrace it, even although it may be found in the camp of the enemy. I have, for example, been told by a friend who is a very learned man and scientific physician, and practised medicine several years in your city, that you and your colleagues were, beyond all controversy, far more successful in the treatment of cholera than the regular profession. If this, then, be admitted as a *truth*, of course there must be a reason for it. And it is that *truth* or cause that I am seeking to learn. I might multiply on this subject, but think it unnecessary. My object in writing to you is to obtain such information as may be necessary in regard to the best course to pursue, preparatory to attending a course of lectures in your school, the coming winter, which I shall certainly do, unless there should be some providential hindrance. Let the world say what they may, I seek after *truth* and *truth* alone. I never thought it a mark of wisdom or good principle in a man, to condemn a thing that he knows nothing about."

"The Botanic system of Medicine here is practised by the disciples of Thompson, who are by the way the most ignorant set of pretenders that I ever knew. I suppose you, of course, do not adopt the Theory of Thompson."

ALLEGHENY CITY, Sept. 6th, 1850.

Prof. J. R. BUCHANAN, M. D.—Dear Sir: I take the liberty of writing to you, though personally unknown, I seem to be familiar with you, being a reader of the Journal, and therefore regard you as a friendly correspondent from whom I hear monthly. I was extremely sorry to hear of the death of Prof. Morrow, though not personally acquainted with him, for I never had the pleasure of visiting Cincinnati, although I have been in Pa. since 1831. I am not a native born citizen of this country, but one of her adopted sons. I was born in Ireland, and there received my first medical knowledge, which I afterwards obtained by attending two courses of lectures in the University of Glasgow, at the time that Jeffreys, Burns, Tower, Miller, Thompson and others] were Professors of that Institution. I also attended the Royal Infirmary one year, when Cowan and Cooper were the attending physicians. But al-

though this be the case, I am now less European in medicine and politics than many of those born in this land. I am for freedom, Civil, Religious, Medical. Why should we be trammelled on any subject which pertains to the happiness of man, by the dogmas and hypothesis of men which will not bear the test of experience, or calm dispassionate reasoning.

One reason for my troubling you with this communication, is that I see my name among those who were appointed a Committee of Arrangements for the next meeting of the Convention to be held at Pittsburgh, next May. Now I hope there will be a general turn out of Reformers, both from east and west, and that you and your colleagues will not fail to visit us; we wish the most distinguished in the reform ranks to come, because this is a stronghold of *Hun-kerism*, and we wish to show the public that all the learning and talents are not confined within the precincts of *Allopathy*, but that men of equal, if not superior talents and education, are to be found on the side of reform; that independent, yea, master spirits have arisen to oppose the death-dealing system of *Allopathy*. All we want to the overthrow of *Allopathy* is men qualified for the discharge of the duties of their profession to come into the ranks and fill up the waste places, for the general cry from the afflicted is, "O don't give me calomel."

I was glad to hear that you had separated from *Homœopathy*, for how can two walk together except they are agreed? It is impossible that they can with any degree of comfort or satisfaction. Besides, I consider *Homœopathy* in the main as worthless. If your *Homœopathic* physicians are the same as here, I don't see how you could countenance them. They use no cathartics, nor emetics, nor indeed any thing that produces any perceptible effect in assisting nature to throw off morbid humors from the system. Were it not that I would trespass on your time, I could give you an account of four patients that I have been called to see, who were kept in suffering by them, and for want of proper treatment.

We have had a few cases of cholera in this city and in Pittsburgh. They have been of a very malignant type. The disease has been confined to certain localities in this city. It has prevailed among the German population, principally along the bank of the canal, where there are basement stories in the houses, and where they use pump water.

I have treated only six cases of cholera asphyxia, one of which proved fatal, in consequence of the imprudence of getting out of bed contrary to my express orders. She had profuse watery discharges for twelve hours before I saw her, with extreme prostration, but I succeeded in checking the discharges and allaying the nausea, and raising the pulse, so that she was improving from Tuesday morning until Thursday evening, when she got out of bed. The horizontal posture cannot be too strictly enforced in those cases where rice water evacuations prevail.

Last season I used a pill made of opium, camphor and carb. ammonia, equal parts, in connection with other remedial agents, with success, in all cases where there was vomiting and diarrhoea accompanied with pain. But now I am inclined to think every case may be treated successfully without the use of opium. The epidemic had entirely subsided in Pittsburgh for some time, until the day before yesterday, it has mysteriously appeared in the same locality where it had been before, and taken five or six victims in its course. The location where it had prevailed this season is high and dry, and such as might be supposed most secure against its ravages, and when it had disappeared so that alarm had subsided, lo, it breaks forth afresh. All the theories that I have yet seen fail to fully explain its mysterious operations.

The electricity doctrine is in some degree lessened in importance. No doubt there are a combination of causes. Atmospheric changes contribute to it, and in all the places where it has prevailed here, they used pump water.

I fear I shall tire your patience by my lengthy epistle, and will bring it to a close by giving you a simple yet effectual prescription for the cure of those after pains with which parturient females are often distressed. I have used it for many years and never knew it to fail to give relief, if not entirely remove the pains:—Gum Camphor, the size of a common pill every two or three hours, until the pains are removed. I have found it not only to relieve the pain but allay restlessness, produce diaphoresis, and in every case the recovery was speedy and safe. It has not, in my hands, given in a solid form, produced nausea or vomiting, or any unpleasant effects.

I would conclude by wishing every success to the cause of Reform.

I am respectfully, yours,

J. B., M. D.

T H E

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Part 1.---Original Communications.

ON THE ADVANTAGES OF ANÆSTHESIA AND THE RELATIVE VALUE OF ITS DIFFERENT AGENTS.

To the Editor of the Eclectic Medical Journal :

SIR:—In the June number of your invaluable Journal were two articles on anæsthetic agents,—one from Dr. Pierson, of Salem, Mass., and the other from Dr. Hayward, of Boston, Mass. The object of these articles seems to be, to discuss the relative value of Sulphuric Ether, Chloroform, and Concentrated Chloric Ether. The use of anæsthetic agents is of such obvious and important practical value, that it will hereafter be known as the great medical discovery of the age. Any just attempt, therefore, to discover which is the best anæsthetic agent among those now discovered, or to discover one better than those now used, must be considered highly laudable. It is possible that within a few years, some new agent for etherization may entirely supersede those now used; or, facts may be developed which will prove that all those now used are useful in their several places, and may clearly show in what particular cases each should be used. Indeed, is it not also possible that our vastly increased and rapidly increasing knowledge of the nervous system may soon enable us to successfully render all patients temporarily insensible to pain, through the means of mesmerism or some similar agency? Should such discovery of our power to destroy sensibility be made, we should no longer be obliged to resort to those agents which all intelligent surgeons now admit to be occasionally dangerous,—sometimes dangerous when we have no indications to warn us of the danger.

But should our knowledge of etherization, or other means of inducing insensibility, remain stationary, its benefits are so much superior to its dangers, that it will be, as before remarked, the great discovery of the age. The dangers of etherization are indeed very slight when it is induced in suitable patients. Tens of thousands of suffering patients, medical, obstetrical and surgical have been relieved by its agency; and though it has doubtless been induced hundreds of times by medical men who neither appreciated in what anæsthesia consists, nor were qualified to detect those organic diseases of the heart, brain and lungs, which forbid the use of these agents; and hundreds of times by dentists who do not even profess to appreciate these diseases; still, how rare are the cases of death, or of permanent injury, even from this indiscriminate use of these powerful agents. We must believe, in fact, that etherization has been, in the practice of many physicians, surgeons and dentists, much too frequently resorted to. In the hands of such, it has passed into a kind of universal remedy, to be exhibited for all painful diseases, upon all constitutions, under almost all circumstances. This fashionable mania for suddenly depressing the vital functions of respiration and circulation, as well as thought and the senses, is entirely unjustifiable. It is expedient to induce so unnatural and deathlike state of the system, in my opinion, in only a few cases in dentistry; in not more than one case in five, or perhaps in ten, in obstetrics, very rarely in medical treatment; but very generally in surgery, unless contraindicated. Some may deem it extravagant to say that nearly all important surgical operations should be performed under its influence, except where the patient has some organic disease; but we believe this opinion to be correct. In slight surgical operations, like the extraction of teeth in ordinary cases, etherization is not justifiable, for the same reason that it is not justifiable in all those cases of medical and dental practice where it is not necessary. Necessity alone should induce us to prescribe anæsthesia, so long as there is that possibility of danger which now belongs to all etherization. Though a dentist by profession, and consequently very often extracting teeth, I do not suppose I have etherized more than some twenty patients, since these agents were discovered. If I extracted a thousand teeth from a thousand etherized patients, and only one died, you, my reader, would not want to be that patient. So in regard to all other unnecessary etherization. One case of fracture of the radius and ulna, and one case of partial or incomplete fracture of the radius and ulna, both happening to children, have occurred in my practice, within the last few months; but in the treatment of neither of these cases was anæsthesia induced. The reduction of each of these fractures required so little time, and consequently exposed the patient to suffering for so brief a period, and the resistance of the muscles to the necessary extension was so slight, that it was not required. Etherization

with chloroform is nearly out of use in ordinary obstetrics, in Boston, and sulphuric and concentrated chloric ether are not so universally exhibited as recently.

But the great necessity and important use of etherization in the more severe surgical operations, will be apparent, when we consider that it has the following, among other advantages:—

I. Fewer deaths and better cures occur in surgical practice, with than without it.

In an indiscriminate use of these agents, the per centage of deaths produced by them is very small indeed; and but very few patients have even been, in any degree, injured. And, as before suggested, even this very small per centage of deaths and injuries would be vastly less, if the agents were never administered except by persons who could detect those cases of manifest organic disease of the heart, lungs and brain, which forbid anæsthesia. Such dentists as are uneducated in regard to the physical signs and the rational symptoms of these diseases, should always consult, along with their patient, an intelligent physician before administering any of these agents, to perform dental operations. The very few deaths and injuries which now occur, (and these are less with intelligent surgeons than the mass of physicians and dentists,) do not constitute an objection at all to be compared to the positive advantages and fewer deaths of anæsthetic surgery. Many dangerous operations can be performed with much more safety to life, and many of the ordinary operations can be performed so much better as to make better cures. The patient is in no *fear*, and there is no mental shock. Without ether, this fear, in serious operations, powerfully depresses the powers of life, and your patient, soon after the operation, sinks. Again, the etherized patient suffers no *pain*. The extreme suffering of some operations, like fear, powerfully depresses the nervous system, and frequently renders these operations fatal. In a case of amputation of the thigh at which I was present, some months since, and which was performed with great dexterity and very little loss of blood, on a very resolute man, the man died in only two or three hours subsequent to the operation, without any after hemorrhage, and his death seemed to be entirely owing to the tremendous shock which his nervous system sustained. This result was not very uncommon. But, under etherization, there is no mental shock of fear, or physical shock of pain.

As your patient neither fears nor feels, so also he does not *move*. If you are cutting, you cut just where you want to cut; your patient does not voluntarily jerk, nor do the parts spasmodically twitch, and thus, in nice operations, make you wound important blood-vessels and nerves. Many cases of some surgical diseases, such as aneurisms, tumors, &c., which the surgeon could not operate on at all without etherization, because of the danger to these vessels, can now be operated upon, and the lives of many such saved.

II. Anæsthesia enables the surgeon to be more calm in his own feelings, more deliberate in his judgment, and more thorough in his operations. He has no fear of inflicting pain, for he knows he is not producing suffering, and he can freely feel of a dislocation or fracture and accurately diagnose it, before reducing it, and after its reduction he can make either such manual examination of, or movements with, the limb, as he wishes to make, in order to satisfy himself that all is just right; and then deliberately dress it, before letting his patient come out from its influence. So, too, in incisions for amputation, or for either purpose, the surgeon has now no feeling that he must be quick, because of the fear of inflicting dreadful pain, but deliberately and carefully uses his knife and hook and forceps, and satisfies himself that even the small blood-vessels are ligated, and applies his dressings with all care. In excising tumors or performing other nice operations, he cuts as near to important blood-vessels and nerves as best suits his purpose, and proceeds with precision and nicety,—in one word, just as he would in careful dissection,—fully conscious, that his patient can neither move, feel or fear.

III. Etherization is one of our most thorough means of relaxation. There can, hereafter, scarcely be any necessity of the warm bath, or lobelia or tobacco injections, or antimony, or bleeding, or opium, to produce relaxation in fractures or in dislocations. I imagine, too, that we may bid good-bye to the pulleys and other horrid apparatus for extension, so often and so familiarly spoken of by Sir Astley Cooper and other surgeons. The relaxation of anæsthesia is complete and all that can be desired.

I will give two cases, the first, one of fracture, and the second, one of dislocation, to illustrate the relaxation of anæsthetic agents, and to show other advantages besides those heretofore mentioned, which accrue from these agents; as well as to indicate some facts in reference to a choice in these agents.

June 1st, 1850, James Clagg, ten years old, fractured the right femur, three inches below the trochanter major, by jumping upon the ground from a shed 13 or 15 feet in height. The accident occurred at 4 o'clock, P. M., and I was not in attendance until 8½ o'clock, by which time the irritation of the fracture had produced powerful spasmodic contraction of the muscles of the thigh. The bed, dressings and assistants being soon in readiness, chloroform was given, and the broken bone critically examined, and the exact diagnosis clearly ascertained. The leg was slightly flexed upon the thigh and supported by one assistant, and another assistant made extension very gradually and accurately by a broad tape which had been applied, in a clove-hitch, just above the knee. This assistant, who only partially used the power which he obtained by having the tape around the fore-finger of the right hand, made sufficient extension *in less than one minute*, as I should

judge, to reduce the fracture. After examining carefully the reduced fracture, and applying the splints, (Desault's splints, so modified at their lower extremities as better to preserve extension and keep the long diameter of the foot perpendicular,) the patient was permitted to "come to." He smiled and immediately remarked that his leg felt better, but he did not examine it. He was ordered to take warm gruel soon, and twenty drops of McMunn's Elixir at the expiration of an hour. At my morning call, the nurse said that immediately after I left, the patient went into a sound sleep from which he could not easily be awakened, until after 2 o'clock in the morning, and, therefore, no gruel or Elixir was given till after 2. Again he slept till 7 A. M., and on awakening, felt of his splints and asked, "who put those little boards on my leg?"

The effect of the chloroform was to produce sudden and complete stupor and relaxation, and subsequent partial stupor for nearly five hours; and I have detailed this particular case to introduce to notice this subsequent stupor,—a feature spoken of by all who use chloroform, as occasionally occurring. It appears to me that though it did no injury in this case, and perhaps did good, yet such protracted partial insensibility is very undesirable. In another case it might do injury.

There was but very little irritative fever in this case for so severe an injury, and I have noticed this fact in reference to other cases where chloroform has been used after severe injuries, and in operations. This is a very powerful argument in favor of the use of anæsthetic agents, and has been noticed by others. I will only add that James did very finely, and is now about our streets with a perfect leg.

The second case to which I referred is this: August 8th, 1850, Mrs. F. Jones, aged about 25, fell down stairs, and dislocated the left shoulder. Ocular examination showed the os humeri to be dislocated forwards, i. e., below the middle of the clavicle. Mrs. J. has been very feeble for several years; has been subject to protracted attacks of fainting; has had irregular action of the heart, and sensitive lungs, and has been frequently and severely sick with different acute diseases. Here was a severe injury, inasmuch as in the forward dislocation of this joint, not only the capsular ligament is extensively lacerated, but more or less injury is done to the attachments of the tendons of the supra spinatus, infra spinatus, teres minor, and subscapularis muscles. But here was not only a severe injury, but also a very frail patient,—one whom previous sufferings from acute diseases had reduced to weakness, and who, in her ordinary health, suffers from symptoms indicative of a morbid condition of the brain, heart and lungs. Could any intelligent and conscientious surgeon administer chloroform to such a patient?

On account of the extreme sensibility of her stomach at all times, and from the nauseating effect of the inhalation of sulphu-

ric ether, I should think too, that it would have been very difficult to have brought her under the influence of this agent in any complete or satisfactory degree.

In this case, therefore, having previously acquainted myself by diligent inquiry, with the concentrated chloric ether, it was administered. It was very agreeable to the patient, and its anæsthetic effect was such as fully to answer the purpose for which it was given. It did not, like chloroform, demand of the heart and brain to accommodate themselves, instantly, to a very depressed action of their functions. Its operation was mild, producing no excitement; gradual, giving time for the vital organs to be progressively lowered in their functions; complete, and yet not producing that profound insensibility, indicated by stertorous breathing, which is induced by the action of chloroform. The dislocation was reduced after four or five minutes' moderate extension. The influence of the ether was continued until the dressings were applied and the patient placed in bed. Partial anaesthesia continued about twenty minutes after the agent was discontinued, and when the patient revived, there was no headache and but little nausea, and no other disagreeable symptom, and no subsequent partial stupor. She revived in the full enjoyment of her naturally bright intellect, but seemed a little surprised, and immediately asked, "Why hav'nt you set my shoulder?" She was told that all was right, and when she saw the dressings, she seemed entirely overcome with gratitude. It only remained for us to soothe her excited gratitude and instruct her to be entirely calm. There was but very little subsequent irritative fever, and she has recovered finely.

This is the only case in which I have used the concentrated chloric ether; but if its effects are usually and uniformly such as in this case, I shall agree with Dr. Pierson, (and others concur in his testimony,) that it is an "agreeable, efficacious, reliable agent;" and Dr. P. also says that, "after two years' trial," it has "furnished us with no disastrous result."

We have written this communication, thinking it might be useful to call the attention of Eclectic practitioners to the advantages of anæsthesia, and to ask from such as use these agents, such contributions as will place the relative value of sulphuric ether, chloroform and concentrated chloric ether on the reliable basis of facts.

Yours, truly,

P. W. ALLEN.

BARNSTABLE, Mass., Sept. 16, 1850.

CASE OF CHOREA.

Editor Eclectic Medical Journal:—

Agreeable to suggestions published in your valuable and instructive Journal, I send you the result of Eclectic treatment in CHOREA,

(St. Vitus' Dance,) also the result of my general success in the treatment of the various diseases to which this community are subjected.

In the spring of 1848, while residing in Fayetteville, I was requested by a respectable and influential citizen, by the name of Mr. S., to call and see his daughter. On visiting her I found that she was laboring under the above-named disease. The subject of the disease was a young lady about 18 years of age, whose health at that time was very much impaired. She had been taking some medicine of a domestic nature, the family being in possession of Dr. Howard's works, that had been distributed through the country by a steam doctor, whose name was Paris. In this condition of circumstances I commenced the treatment of the case.

SYMPTOMS.—She had lost all command over the voluntary muscles of the superior, and to a great extent, those of the inferior extremities. Mouth distorted incredibly at times by the contractions of the muscles attached to it, Levators and Depressors. She talked incessantly. An uncontrollable tendency to laugh. When she attempted to take food or drink the extensor muscles would contract so as to throw the arm in an opposite direction. Total suppression of the menses, with costive bowels. Skin dry and husky, and tongue coated with a whitish brown fur. In fine, there was a total suppression of a healthy action in all the functions, and the more she strove to remain quiet, the greater was the muscular agitation.

TREATMENT.—After making use of all the reputed remedies of books, such as mild purgatives, diaphoretics and alteratives with stim. liniment and strengthening plasters with cupping, irritating plasters, &c., without effect, the treatment that seemed successful in this case was the shower bath, in conjunction with Quinine and precip. carb. ferri., strengthening plaster, &c. The shower bath was used night and morning for about two weeks, about blood-warm, after which time cold water was substituted. The Quinine and Iron were used as follows: A powder composed of twenty grs. of the latter to one and a half grs. of the former, given every six hours, with the use of two anti-dyspeptic pills every night at bedtime.

Cupping along the spine, and stim. liniments were also applied, with strengthening plasters, and counter irritation by the use of the irritating plaster applied sufficiently large to extend from the occiput down to the fourth or fifth dorsal vertebra. By pursuing this course energetically for two weeks, there was a decided improvement in the case. The treatment after this time was gradually diminished for about two weeks longer, when a complete cure was effected to the satisfaction of her friends as well as myself.

I saw the lady about a year afterwards and she remained clear of every symptom of the disease, and was enjoying uninterrupted

health. As the case may not be entirely uninteresting to numerous readers of the Eclectic Journal, if you deem it worthy of publication you will please give it insertion, and very much oblige

Yours, ELIAS HUBBARD.

N. B.—I hereby submit the result of the Eclectic System in my hands. I have been practicing medicine for three years, during which time I have treated between ten and twelve hundred cases of the various diseases to which this part of our State is subject, and of this number seven have died as follows: Four of PHTHISIS PULMONALIS, one of DELIRIUM TREMENS, one with CHOLERA INFANTUM, and a child with PUTRID SORE THROAT. E. H.

SUFFERINGS OF THE PEOPLE.

During years past, I have with pain witnessed the sufferings of my fellow-beings under Allopathic treatment, in various parts of the west, and east too. I am no physician, but I do sincerely wish to see man's sufferings by Allopathic treatment cease.

During the summer and autumn of 1849, I resided at Eagle Village, in Boone Co., Indiana, where Allopathy "reigns triumphant," and where "it is easier for a physician to cheat a man out of his life than a dime, and impossible to legally punish the offender for the crime." Within 2½ miles of a point about 4 miles from that village, I believe there died between 50 and 60 individuals of flux, under Allopathic treatment! I believe *every one they attended in that disease there*, died! I know not an exception. The country there is thinly settled. I believe one-fourth or one-fifth of all the inhabitants within that circle of 5 miles in diameter there died of flux! This week I received a letter from there, stating that the flux is now raging there, somewhat as it did last season. Calomel appears to be the principal medicine given there, where the ignorant and unassuming people open their sore mouths and swallow it with implicit faith. Not only there, but in various other places have I witnessed the lamentable effects of Allopathic treatment. What, I would ask, is the *cause* of such procedure? I believe it is *ignorance*. The people do not *know* that there is a better treatment. They appear to believe the physician knows *all about disease*, and that *calomel* is the *sine qua non* in *any disease*. I believe nearly the same can be said of many other places from which I have heard. In the name of suffering and dying children, neighbors, brothers, sisters, mothers and consorts, I would ask, is there no plan by which you or some other person or persons, can cause some of the suffering and losses of our fellow-beings to cease, in such portions of our country? Certainly there is, and that too without being unrecompensed. If you or any other qualified person or persons would obtain *authentic statistics* of the mortality in the va-

rious diseases treated by Allopaths and Eclectics in Cincinnati and other parts of the west, and publish them in a suitable pamphlet, showing the general treatment, &c., of the two schools as practiced at this time, together with some "touching" appeals to the *mothers* of the west, and cause thousands of such pamphlets to be scattered over the west, where the languid eye, the cheek deserted of its bloom, the flaccid, shrunk and withered muscle, and gulled victims are so abundant. I believe it would give Allopathy a wound from which it would *never* recover, and be the means of saving much suffering and thousands of useful lives. I believe most of the subscribers to the above mentioned papers would each purchase from fifty to one or two hundred such pamphlets, and give them a gratuitous circulation among such persons as would read, and hand them to a neighbor who would do likewise. There are many who are neither physicians nor subscribers to the above-mentioned papers, but who would purchase a few dozens and *delightfully* and *gratuitously* circulate them as above mentioned. I could thus use a few hundred of them to a very good advantage among my numerous friends and acquaintances. I sincerely hope you will mention this plan or a similar one through your papers to the subscribers, who, I believe, will mostly coalesce with me in believing it to be one well calculated to give a lettral blow to Allopathy.

I sincerely hope some one well qualified for the task will *immediately* undertake it. *Now* is a good time to "strike," because there has, during two years past, been a most fearful mortality in flux and cholera, treated by Allopaths in various parts of the west.

During two years past, (in filling teeth,) I have had a good opportunity to examine the teeth of persons who have taken calomel. Many I have found so loose that the pressure of a half pound would move the ends of them from one-twentieth to three-sixteenths of an inch in a lateral direction! The subjects, when asked how long their teeth had been loose, said "ever since I was salivated with calomel!"

I anxiously hope you will soon mature the above plan.

M. K.

[The principal difficulty in the foregoing plan is in obtaining statistics of old school practice. The attempt in this city by the city council to obtain statistics of cholera practice failed in consequence of the refusal of old school physicians. The only statistics that we can command are those of public institutions. The death of *one-sixth* of all the patients of the Cincinnati Commercial Hospital is a well authenticated fact which may form a standard for comparison.—ED.]

Part 2.---Miscellaneous Selections.

THERAPEUTICAL EFFECTS OF TURPENTINE.

BY THOMAS SMITH, M. D.

The diseases for which turpentine has been prescribed, and which have been materially relieved by it, are extremely numerous; there is scarcely one, whether acute or chronic, sthenic or asthenic, which has not been successfully treated, if the testimony of some of the first practitioners of the age is to be credited, by the medicine under consideration. It would be a useless task to cite all the cases and all the maladies in which the admirers of this drug have found it advantageous. Suffice it to say, that in every instance where prejudice has not interfered, and where ignorance has not prescribed, this drug has obtained favor and proved itself a faithful friend.

In passing in review the numerous disorders for which it has been ordered, as I wish this paper to have a practical bearing, I shall dwell as briefly as possible upon all those which have not come under my own immediate observation. Those who desire a more extensive acquaintance with the nature, properties and uses of this drug than is to be met with in these sketches, will do well to consult the pages of our monthly and weekly periodicals, which, for the last thirty years, have occupied a prominent place in the medical literature of Europe and America. The writings of Drs. Copland, Paris, Pereira, Eberle, Thompson, Brande, etc., the *Dictionnaire de la Matiere Medicale*, and the records of ancient medicine, contain an amount of valuable information regarding the properties of turpentine. In common with other medicines, its therapeutic effects are liable to be modified by numerous circumstances, viz.: the seasons of the year, the idiosyncrasies, age or sex, of the individual, the special or general cause of the malady, or its occurrence before, or subsequent to, any general or universal epidemic.* From a neglect of these precautions, many really val-

*It is a remarkable fact that after any severe visitation, such as epidemic cholera, the human frame undergoes an extraordinary change. Many will, I have no doubt, recollect how general was the custom to abstract large quantities of blood in fevers and inflammatory disorders previous to 1831. Venesection was the practice of the day. On the advent of the epidemic influenza of 1833, general bleeding, even in maladies of a high phlogistic character, could not be adopted with safety; numerous lives were doubtless sacrificed, ere this change in the human constitution—its inaptitude to bear excessive depletory measures, was fully appreciated and understood. We are now approaching an epoch (if we have not already entered it,) in

nable remedies have, though somewhat undeservedly, fallen into disrepute.

As a rapid and safe *counter-irritant*, there is no drug more efficacious than warm oil of turpentine or camphine. I have never known an instance of its acting injuriously when thus applied; it never produces stranguary or any uneasiness of the urinary organs, like preparations of cantharides; and here I fully coincide with the opinion expressed by the late Dr. Ryan, that when counter irritation is deemed imperatively necessary in severe acute diseases, as cerebritis, hydrocephalus, pneumonia, enteritis, peritonitis, or hepatitis, it is an extremely inert and unjustifiable practice, to wait for twenty-four hours for the irritating effects of a blister, when the same may be produced in as many minutes by epithems of warm oil of turpentine.

Veterinary surgeons have condemned the external use of turpentine as an epispastic; it has been asserted that, when applied to the horse, it prevents the hair from growing. I do not think this correct. Some years ago I had a gray mare, which was seriously injured about the head and forelegs by an accident. Contrary to the recommendation of my veterinary surgeon, who insisted upon the application of tincture of myrrh, and greasy unguents containing gunpowder, I determined for once to try the experiment, if an injury to a horse might not be remedied by the same means as one in a human subject. I had the wounds carefully fomented and poulticed, and afterwards applied an ointment, consisting of resin ointment and oil of turpentine. The animal recovered without any material disfigurement. Last year I had a black horse consigned to me by a friend in Yorkshire, which met with a severe accident in its transit on the railway. The horse was treated in the same way as the one above, and in a few months was perfectly restored without any other blemish.

The liniment, by means of which the celebrated quack, St. John Long was supposed to have performed miraculous cures, was a mixture of the oil of turpentine, pyroligneous acid, and yolk of egg.*

As a *vermifuge*, turpentine has been given in the form of Cham-

which the vital phenomena of the animal organism will manifest themselves differently under the influence of remedial agents. If my observation does not deceive me, I am inclined to believe that this great climacteric change, on the completion of the cycle of the late formidable and universal epidemic, will mainly develop itself, by inducing a lax condition of the intestinal tube. I have noticed, that patients who have been accustomed to take large quantities of aperient medicine, now rarely require it; and when it is needed, a smaller portion is found sufficient. This is not confined to the aged, for even in children I have witnessed a similar alteration in their former habits.

*This liniment is an excellent counter-irritant. We used it as an external stimulant in some cases of cholera during the past epidemic, as recommended by Dr. James Bird; and we frequently employ it as a counter-irritant in phthisis, and other chest diseases.—Ed.

bert's oil. This is made by mixing one part of the empyreumatic oil of hartshorn, with three of oil of turpentine, allowing them to stand for three days, and afterwards distilling off three-fourths of the mixture by the aid of a sand bath. It very soon becomes blackened, by exposure to the air, and therefore ought to be kept well corked and excluded from the light. It is extremely nauseous; and, on that account, is not likely to come into general use.

As a *purgative*, turpentine ought never to be administered alone, in large doses, during the winter, or in cold damp weather; because under these circumstances, it tends, in common with other hydrocarbons, to supply fuel to the body for the evolution of animal heat, rather than exert any therapeutic property. Indeed, I very much question the propriety of giving it alone, as a purgative under any circumstances whatever. There are some writers who do not hesitate to recommend it in doses which I consider unjustifiable. In winter, cerebral congestion may supervene; in summer, intractable diarrhea, from over-excitement of the mucous membrane of the bowels. The case of Dr. Copland furnishes an instructive example on this head: ten drachms of the oil of turpentine were swallowed, and failed to induce action of the bowels or kidneys; the consequence was, high cerebral excitement, followed by a train of unpleasant symptoms, which it would be dangerous, in some constitutions, to excite.

Turpentine is, however, often a valuable addition to other purgatives, as it possesses the faculty of increasing their activity in a remarkable degree. I have known a lady, who, for forty years, was unable to procure an evacuation without the most drastic purgatives. She succeeded in obtaining daily action, by the simple combination of a teaspoonful of castor oil with ten drops of oil of turpentine. I have had another case under my care, where the same combination enabled me to relieve the augmented suffering occasioned by obstruction of the bowels from chronic meningo-myelitis of several years duration.

Whatever may be the object for which turpentine is exhibited as a purgative, whether for the expulsion of parasites infesting the human body, or as a revulsive in cerebral affections, the dose should never exceed half an ounce at one time; and to insure its purgative action, it ought to be united with some other aperient, as castor oil, compound infusion of senna, sulphate of magnesia, or the decoction of the bark of the root of the pomegranate. If prescribed in the above dose, in conjunction with any other active purgative, we run little risk of inducing stranguary, or any other unpleasant symptom. It may be repeated at intervals of four hours, with perfect safety. Though some authors have stated that the dose of the oil of turpentine may be from half an ounce to two or even four ounces, be must be a very bold practitioner who would take this suggestion for his guide. If the first named quantity will not suffice for the destruction

and consequent expulsion of a tenia, a larger amount given at one time will equally fail; for it is not by the aperient properties alone of the medicine (as I shall hereafter show) that the death of the worm is effected.* As a *diuretic*, the dose may be from five to thirty drops, taken in any aromatic water, or mineral saline. I have rarely found patients object to its use, when exhibited with the salines of either Cheltenham or Harrogate; and the numerous cases in which I have prescribed it, in conjunction with the waters from these mineral springs, have convinced me, that this union is especially indicated where we are anxious to direct its influence to the renal organs.

As an *astringent*, in doses varying from 20 minims to a drachm, according to the urgency of the symptoms, and repeated every three or four hours, turpentine is one of the most efficacious remedies which we possess. The best vehicle for its administration, in the first place, is water, flavored with syrup of orange, or any other agreeable aromatic. It may afterwards be advantageously combined with any other therapeutic agents, which the special nature of the case may require: thus, in epistaxis depending upon rupture of one or more small vessels, and where much arterial blood has been lost, muriated tincture of iron will form a valuable adjunct. In hematemesis and other sanguineous discharges from the bowels, it may be united with compound infusion of roses, sulphate of magnesia, iced-water, and solutions of tannic or gallic acid. In some forms of hemoptysis, it may usefully be added to infusions of matric; in hematuria, to the decoctions of uva ursi, chimaphila, pyrola, etc.; or to tincture of sesqui-chloride of iron, etc. In purpura hemorrhagica, the decoctions or infusions of the barks form with it an excellent adjuvant. In hemoptysis, it has speedily and effectually arrested the hemorrhage; and is a much safer remedy than lead.

In my experience, there is no single medicine in the *materia medica* that can be compared with it as a *styptic*, either as to certainty of action or to the safety of its effects. It is compatible alike with acids and alkalies.

The *external use* of turpentine has been very general for a great number of years, alone or combined with other rubefacients, such as mustard, strong liquor ammonia, pyroligneous acid, cajepout oil,

*There may be special cases, but they will be extremely few, in which an extraordinary dose of any particular medicine may be peremptorily called for by the condition of the patient. For instance, I once gave to a man laboring under delirium tremens, seven grains of the acetate of morphia, in divided doses, within two hours, ere I could allay the inordinate and convulsive movements, and restrain the shrieks of the wretched sufferer. Again, at another time, I exhibited to a female, in the presence of Dr. Logan, twelve ounces of sulphuric ether, when the principles of etherization were first introduced, and kept this woman in a state of insensibility for upwards of six hours. Although both these cases did well, they are exceptional ones, and ought never to be imitated, except in emergencies of the most urgent description.

wine of hellebore, colchicum or opium, tartar emetic, croton oil, &c. It has very frequently been found of permanent utility, when applied as a warm epithem to the skin in pulmonary affections. Its action is two-fold; first, it induces rapid though often transient counter-irritation; secondly, its vapor is inhaled into the lungs, and by its constringent operation on the extreme capillaries of the pulmonary texture, is not unfrequently productive of great relief in some affections of these organs. For the purpose of inhalation, I am in the habit of dispersing its vapor through the room by evaporating water containing a portion of it, by the aid of a spirit-lamp. When thus diffused through the atmosphere, it may be breathed for two or three hours in the course of the day, by the most delicate-chested person, and often with the most marked and striking amelioration of their pectoral symptoms.

Long after the patient has left the room, he is conscious of the taste and smell of the turpentine. I have often detected its presence some hours after he had been submitted to its penetrating influence. I have also employed camphine in the form of a bath, mixed with common soda; or two pounds of the latter with from a quarter of a pint to a half pint of camphine, and half an ounce of oil of rosemary, will form an excellent bath. In delicate skinned patients, females and children, ʒii. of camphine will be sufficient. I may remark, *in limine*, that the alkaline camphine bath possesses virtues peculiarly its own. In the coldest day in winter, as I have verified in more than one instance, it may be employed with the most perfect safety. Whilst the individual is in the bath, he experiences, to my knowledge, no disagreeable annoyance from the disengaged vapor; on the contrary, if we except the taste of the turpentine, which for some time remains in the mouth, a sense of calmness and tranquility very often follows a previously disturbed, irregular, or excited condition of the respiratory or sanguiferous systems. After five minutes' recumbency in the bath, the pulse is found to become fuller, softer, and slower; I have seen it fall from 100 to 80. The respiration also becomes freer, deeper, and less labored. On coming out of the bath, the whole skin has a peculiar, velvety, soft, and agreeable feeling; the breath is strongly tainted with the terebinthinaceous odor. If it have not been too hot, a pleasurable tingling warmth is experienced throughout the whole cutaneous surface; and this, with the preceding symptoms, may continue twenty-four hours. One great advantage of this bath will be found in the circumstance, that it may be employed at a heat from 10 to 15 degrees below the temperature of the ordinary warm one, without inducing that sensation of chill to which some delicate constitutions are so peculiarly obnoxious; ten or fifteen minutes is the length of time a patient ought to remain in a bath of this description. In the first instance, it is well for patients to commence with a smaller quantity of the turpentine and soda, say

a pound of the latter with two or three ounces of the former, and gradually increase its strength with each repetition of the bath, to the first-mentioned proportions. This bath may be taken every second or third day, according to the urgency of the symptoms and the nature of the affection for which it is prescribed.

I come now to a more particular enumeration of the maladies for which turpentine and its preparations have been chiefly recommended. They are—sanguineous exhalations from the mucous surfaces, epistaxis, hemoptysis, melena, purpura hemorrhagica,* consumption, chronic bronchitis, mucous or purulent discharges from the urethra;† grubs infesting the urethra, tenia, ascarides;‡ typhoid, yellow and purpural fevers, plague;§ abdominal obstructions, strangulated hernia, tympanitis, colica pictonum, biliary concretions;|| traumatic tetanus, trismus;¶ apoplexy, hydrocephalus, acute and chronic epilepsy;** neuralgia, sciatica, rheumatism;†† diabetes, dropsy;‡‡ inflammations of the eye;§§ cholera, renal hydatids, suppression of urine;||| burns, wounds, poisoning by prussic acid or opium, salivation.¶¶—*London Journal Medicine*, April, 1850.

ON THE USE OF A SWATHE AS AN ASSISTANT TO THE EFFORTS OF PARTURITION.

[Read before the Boston Society for Medical Improvement by WM. ED. COALE, M. D., and communicated for the Boston Medical and Surgical Journal.]

Having now, in very many instances, found a swathe used as about to be described, a valuable adjuvant to the uterine contractions in parturition, I deem the matter of sufficient importance to make it public.

I do not find any mention of the use of a contrivance for such a purpose in the works of the English or French writers, or in those

*Adair, Brooke, Cheyne, Clutterbuck, Copland, Elliottson, Hunter, Magee, Nichol, (W.), Thompson, Vincent, Younge.

†Aretæus, Celsus, Dioscorides, Van Swieten.

‡Burkebeck, Cross Fenwick, Fothergill, Gomes, Hancock, Hartle, Kennedy, Knox, Laird, Lettsom, Maldon, Mello, Ozanam, Pereira, Saner, Winstone.

§Atkinson, Blundell, Brennan, Chapman, Copland, Cullen, Douglas, Farre, Faulkner (Sir A. Brooke,) Fernandez, Gooch, Hamilton, Holst, Johnson, Kinneir, Moran, Payne, Physick, Pritchard, Wood.

||Boerhave, Durand, Gibbon, Green, Guyton, de Morveau, Hall (Marshall,) Hamilton (C. B.), Kinglake, McWilliams, Odier, Paris, Ramsbotham, Sewell, Sprengel.

¶Gibbon, Hutchinson, Mott, Phillips.

**Latham, Lithgow, Money, Moran, Percival, Pritchard, Young.

††Bonnet, Cheyne, Ducros, Dufour, England, Hild, Home, La Roque, Lenton, Martinet, Maton, Pitcairn, Recamier, Thilenius.

‡‡Darwin, Werthoff.

§§Burke, Carmichael, Foote, Guthrie, Hynam, Langier, Middlemore, Wright.

|||Bayle, Copland, Neale, Pereira.

¶¶Emmert, Geddings, Hanold, Heister, Jenkins, Kentish, King, Orfila, Pare (Ambrose,) Percy, Pott.

of our own country. I am told, however, that the Germans have recommended and used it, though the particulars, as to the manner, circumstances or purpose, I cannot ascertain.

The manner of making and applying it is this:—Take a sheet and fold it lengthwise until it is about nine inches wide. Apply the middle of it thus folded to the small of the back. Carry one of the halves forward over the fundus of the uterus and so round the body. Carry the other end in like manner over the body of the uterus. Draw them as tight as the patient will bear with comfort, being careful that they set smoothly and without wrinkles. Cross the ends over the middle part of the swathe at the small of the back, and twist them together there. With a sheet of ordinary length and patient of ordinary size, the ends thus left will be about a foot in length, and when twisted together will still be about eight inches so as to afford a good hold for the hands. A woman of average strength can exert as much force as is necessary, in twisting these ends, without fatigue to herself.

The particular indications for the use of this swathe, and the few principles which govern the method of applying it, will be learned by the relation of the following cases.

Case I.—Mrs. T., æt. 40, very fleshy; has had seven children. Has carried the last two very low down and forward, owing to a tendency to anteversion of the uterus from the weight of the child, and want of tone in the walls of the abdomen. She was delivered of her seventh child after a labor of two hours, and not unusually severe. When in labor with her last child, I arrived about noon. Dilatation of the os uteri was well advanced—the pains frequent and of good strength. Being a near neighbor, I left, with directions to call me when wanted. At 2, much the same condition existed with regard to pain, but no advance of the child. At 4, pains still frequent and severe, but no advance. Remaining thirty minutes, and finding still no progress, I made a closer examination into the causes of the delay, as the dilatation of the soft parts from the beginning seemed ample and the strait roomy. The os uteri, when I examined during an interval of pain, was in its proper situation; but when a pain came on—the patient lying, at her request, upon her back—the fundus of the uterus rose so, that the axis of the uterus was perpendicular, and the os was brought opposite the sacral prominence, against which the child's head was pushed. The indication was very clear—to keep the uterus and its propulsive force in a line with the axis of the strait. This was done by the swathe I have just described; and in less than fifteen minutes after its application, the child was born.

To illustrate the great elongation of the ligaments of the uterus in this case, I may mention that, the next morning I was sent for in great haste to see the patient. I found her perfectly swathed as after childbirth, but above the edge of the swathe, just at the end

of the sternum, was a hard sensitive tumor which alarmed her very much, and put me at loss at first to account for it. On removing the swathe, I found it was the contracted uterus which had slipped up into that unusual position.

Case II.—Mrs. F. æt. 20; primipare; of firm muscular fibre and compactly built; was seized with pains at full time, early in the morning. At 8, the os uteri was dilated to size of a dollar, head presenting naturally. At 11, membrane ruptured. At 12, head well down, the pains frequent, lasting and severe. At 3, the head forced down to the periteneum at each pain, but receding upon cessation of it. The pains undiminished in severity. At 4, no advance; symptoms of exhaustion. At 5, there still seemed to be no improvement in the advance of the child—the head would be forced down, and immediately recede to where it started from. The pains were lessening in frequency and force, and the strength and spirits of the prospective mother were giving way. The swathe was applied and tightened upon each pain. The first effect was to prevent the recession of the child's head to a very great degree, so that each pain, instead of having to repeat the work of the last, begun almost where the other left off. The pains also were more prolonged. Delivery was accomplished in forty minutes after the application—the patient during that time expressing herself as in much less suffering than she had been immediately before the application of the swathe.

Case III.—Mrs. M. has had four children; of small and delicate make, relaxed fibre, and somewhat debilitated by recent sickness. I found her in active labor, suffering from excruciating pain in the back, where, she told me, her pains usually were, but enduring them with great patience and forbearance. The head presented naturally—the dilatation was ample; but in spite of the severity of the pains to the patient, they did not exert much propulsive power. The thinness also of the abdominal walls, and the slightness of the muscular tension of the whole frame seemed to promise but little assistance to the contractions of the uterus from this source. The swathe was applied, and, as if under the influence of some powerful sedative, the pains in the back immediately ceased. This had a very remarkable effect in cheering the patient. The pains acquired greater duration, and their propulsive efforts seemed doubled in strength. The labor was completed in less than half an hour, leaving the patient in a condition greatly contrasting with that in which her last labor had left her—when she was exhausted in mind and body, disposed to hemorrhage, and requiring professional attendance for several hours after the child was born. The perfect and immediate cessation of the excruciating pain in the back was very remarkable, my patient alluding to it for months after. I have never since met with such entire relief in this particular, but invariably relief is given to a great degree.

As my conviction of the propriety and utility of this application in parturition has induced me to use it freely, I might give a relation of many more cases, but the three above sufficiently illustrate the object of its use and what can be attained by it.

1st. To direct more favorably the propulsive efforts of the uterus itself.

2d. To exert an additional force in overcoming the resistance of the soft parts. But in this case it must be noted that—the force exerted is not one of action, to force the child's head downward; but simply of resistance, to resist the influence of the elasticity of the soft parts in pushing the child's head upward, so as to require a large part of the next pain to bring the head to the point where the last pain left it, and leaving but a small portion of the pain to propel it beyond this point. This qualification will wholly exempt the application from the charge of its exerting any unnecessary force additional to that already supplied by nature.

3d. To give a tonicity to the abdominal muscles, when this quality is wanting; on the principle of a bandage to an enfeebled limb.

4th. To supply a substitute for the inconvenient and but partially effective method of applying pressure by the hand at the small of the back in order to relieve the excruciating pain felt in that region.

I have always used the swathe manufactured at the time in the manner above mentioned, but the suggestion will occur that a more perfect contrivance might be made which would save the necessity of so many folds of cloth around the body, and which would adopt itself more smoothly and equally over the abdomen. A material for such a contrivance presents itself either in strong linen *cat bias*, or, for a portion of the apparatus at least, in the shirred gum elastic cloth.

Boston, April, 1850.

CALOMEL—ITS VALUABLE PROPERTIES TO THE PROFESSION.

BY A MEDICAL HERETIC.

When a physician is ignorant of the patient's disease, it is very convenient to be able to prescribe medicine, which, whatever the cause may be, is sure to suit it. Suppose for instance, that a person has an enlargement of the abdomen, and it cannot be ascertained whether it is caused by a collection of air, water, pus, or fat; give calomel. If there be air, calomel is *anti-tympanitic*. If there be water, calomel is *anti-hydropic*. If there be pus, it is *anti-purulent*; if there be fat, it is *anti-steatomous*. Do you not understand these terms? It is of no consequence. You would not

be wiser if you did. They are technical designations of occult qualities, appertaining to therapeutical agencies. Perhaps you do not comprehend this? If you did, you would be wiser than ourselves and that is needless. We do not profess to teach this subject, but to treat it. We are medical, and medical treatment of course, is obscure.

In a case of fever, lately attended by one of the 'academy,' it was supposed to be 'almost scarlet fever.' As calomel was white and the fever red, it was good medical logic to give calomel and cool it down. The philosophic practitioner appeared to think that he had cooled the patient down too low, on the third day, and therefore prescribed some whiskey punch, by way of heating the fever up again a little. The patient recovered from fever, calomel and whiskey at last—thanks to an uncommonly good constitution.

It is a very common mode of accounting for every disorder of the stomach and bowels, which the doctor can neither explain nor understand, to be bilious. Now this biliousness is as incomprehensible and inexplicable as the unknown disorder; but then it is a name to prescribe *ad*. It is as certain that calomel is the remedy for biliousness as that biliousness is the disorder. The medical logic runs thus: If it is not biliousness, what is it? If calomel will not cure it, what will? Therefore give calomel.

In tic douloureux, a disease which is as painful as it is obscure to a mere medicine man, calomel is most successfully employed, on the strength of another medical syllogism. We do not know the cause of tic douloureux, nor do we know the mode in which calomel acts; therefore calomel is the remedy.

In cholera, of which the doctors seem increasingly to know less, they have found that the best medicine is calomel, and that the best mode of administering it, is increasingly to give more. When they knew a little about cholera, they gave a few grains now and then. Now that they know much less, they give teaspoonfuls, and by the time that the disease comes again, we may expect, that, as according to the law of progress, the 'Academy' will then know absolutely nothing, they will increase their remedy in proportion to their ignorance, and give tablespoonfuls. Decidedly, calomel is the remedy!

In diarrhæa and dysentery, where the bowels are soured until they are unable to contain their secretions, their constituent fluids, or even the blood itself, calomel is given because it is ordered to be given by the medical authorities. Do you ask why? Because of that self-sufficient spirit, which indulges in the unhallowed license of reasoning. For once, however, we stoop to answer the impertinence of a question, and we hope to answer it finally. Calomel is given, because—and we wish to emphasize our *because* with the importance due to its merits—because, they do not know what else to give!

In diabetes, where a great quantity of water passes away, and in dropsy, where scarcely any passes, calomel is equally useful. In diabetes, some organic change has taken place in the stomach, bowels, and kidneys, whereby the food which is taken is converted into a low sort of sugar and water, and is passed off rapidly, leaving the body to emaciate and waste. Now, calomel is known to act upon the organization and produce a change in its composition. Witness the change of *bone* into *cartilage*, and even *pus*. If it change the composition of the stomach and kidneys, the diabetic symptoms cease. True, the stomach may be ulcerated, or the kidneys be absorbed; but what of that, the diabetes has been stopped. If the calomel do nothing, it is of no use. If it do more than is needed, it is only a proof of its great power.

In dropsy the blood appears to be too fluid, lacking the elements necessary to solidity. Now, the experiments of Magendie conclusively prove, that calomel can act upon the blood as well as on the solids. Moreover, that scientific disease, salivation, produced by the administration of mercury, sufficiently attests that we have the power to inspissate the fluids of the body. The saliva, which in the natural condition, is almost as thin as water, under the influence of mercury becomes as thick as jelly. Why may not calomel thicken the whole of the fluids of the body? Try! You can but *kill* your patient, and he may *die*. How much better for a man to make his exit by science than by disease. Give calomel!

In dyspepsia, or indigestion, when nothing goes right, and nobody knows why, it is a perfectly philosophical deduction that something is wrong. It may be the blood, it may be the solids, it may be the stomach, it may be the liver, it may be the spleen, it may be the brain. The whole case appears to be a doubtful one—"a may be." Does it not strike every medical logician that the treatment of a disease should be in accordance with its condition? What better mode of treatment could be pursued than the "may be" one? Give calomel! "May be" it will do good. If you do not give it, "may be" some one else will. "May be" the patient will get better, notwithstanding the calomel, and you, "may be," will get the credit. The worst which "may be" is, that the calomel "may be" fatal to him, but if it be, you have only carried out the theory of a medical "may be" to its *therapeutical conclusions*.

In all cases of inflammation of the vital organs, as the heart, the lungs, the brain, &c., calomel is of manifest importance. Inflammation is generally supposed to consist in a greater amount of vitality, or life, than is good. On this account, some physicians bleed, in order to reduce the inflammation, and others give calomel. Nothing can be more philosophic than this treatment, provided the theory of inflammation be true. Bleeding reduces and destroys life; and so does calomel. Bleeding does it mechanically; calomel chemically. Bleeding is surgical; calomel is medicinal. Calomel is the

weapon in the hands of scientific physicians. The proofs of its power to kill, and therefore of its anti-phlogistic properties, are numerous and undoubted. Thousands die yearly in attestation of its powers! Can such a medicine kill a whole man, and not be relied on to kill inflammation in his lungs? Bah! Only give enough, and you will subdue any thing or body.

But it is time that we treat of the more recondite qualities of calomel. No one, except a thoroughly initiated medicine man, can estimate the value of that property of calomel which gives it such efficiency as an "alterative." A patient is affected with something which the doctor can neither comprehend nor cure; but by the aid of calomel, he can bring on some other complaint, which will subside after a time, when he ceases to give the remedy. Here is comprehension and cure together. In the meantime the real disorder is obscured and overlooked, or has time to get well, or is changed to something else, and there is the opportunity to make out a case, and—a bill.

It is this "alterative" property of calomel, which makes it so valuable in "liver complaints." If a person have a pain in the right side and shoulder, and be "bilious," (we see you jump up to ask what we mean by bilious, and we reply very promptly that we don't mean anything!) of course such a person has his liver out of order. Of course, it is requisite to put him under an "alterative" course of calomel to rectify the disorder of his liver. What the disorder of the liver consists in is no business of yours, any more what the "alterative" quality of calomel implies. Medical logic has decided that "calomel is alterative," and alteratives are required in liver disease;—therefore give calomel.

Some of the alterative effects of calomel are very apparent. We have known stout, hearty persons altered to lean, feeble ones. Some, whose stomachs were capable of taking and digesting any kind of food, were rendered incapable of digesting anything at all; others, who were always regular in their bowels, were so altered, that they found the necessity to regulate them the future business of their life. Some have a moderate sized liver, altered to a large one; others are so altered as to lose a large portion of their liver, already diminished. Some find out that they have kidneys, who never knew it before; and many can define the exact boundary of their stomachs, by the uneasiness which they feel, who formerly did not know that they had a stomach.

The alterative effects, however, are more sensibly experienced by night. Many who could formerly sleep the clock round, experience such an alteration, as not to be able to sleep at all. Those who formerly were incapable of comprehending what rheumatism is, are now capable of defining it. Their bones and ligaments now become so intensely sensitive that they are obliged to preserve them from the softest touch of the air, and a bed of down is as rough as

thorns to them. They once knew not what a cold sweat meant. They now never have a warm one. The alterative properties of calomel are undoubtedly great.

There is, however, one valuable property in calomel above all other medicines. It is this: If there is nothing the matter with the person who takes it, there very soon will be; and although before its administration, it might be impossible to know or say what was the matter—if anything,—it will be very easy to do both both, after it has been given. Decayed teeth—bad breath—foul stomach—irregular bowels—pains in the bones—weakness and weariness—are a small portion of a large catalogue of ailments which are most distinctly traceable to calomel. Dyspepsia, dropsy, and piles or fistula, may be very easily procured, by any one who will undergo a course of calomel.

If a medical man cannot find enough of disease to employ him, let him give calomel to that which he does find, and he will most assuredly find more. It may be proper in some cases to give sarsaparilla as well; but that depends upon whether the doctor sells it. If he does, let him give it by all means.”—*Scalpel*.

TENACITY OF THE VITAL PRINCIPLE.—We sometime since, says the St. Louis Union, published a statement from the Philadelphia Bulletin, under this caption, to the effect that a young man of that city had received a ball in the frontal region, which appeared to have entered the brain, and yet the young man recovered. To this statement we added that Ex-Governor Boggs, formerly of this State, carried *four* balls, or slugs, in the occipital region of his brain.

The Peoria Telegraph publishes these accounts, and adds:

“If this is an important question, testimony like the following may be furnished from this town. Last summer a lad in a house was struck by a ball from a huntsman’s rifle at a distance. The ball passed through the cranium a little above the temple, and seemed to enter the brain. The boy fell upon the floor and part of the brain oozed out. The physicians probed to some depth but could find nothing. They trephined upon the other side in the direction of the ball—the dura mater was untouched, and no traces of the ball found. The boy was soon well and appears totally unhurt.

That large portions of the human brain may be *removed* without producing death; or impairment of the intellect, is a fact well known to the scientific world. An instance occurred in this vicinity some years since. Dr. Addison Philleo removed from the cranium of a boy at Edwardsville, Ill., whose skull had been fractured, several ounces of the substance of the brain, with the membranes attached, and yet the boy recovered, and, it is said, manifested greater intelligence after, than before the accident.

From the Philadelphia American and Gazette.

THE HUMAN BRAIN.

The question whether the intellectual faculties have any dependence upon, or bear any proportion to, the relative weight and magnitude of the brain, is one that has long engaged the attention of philosophers, without, however, having been in any degree satisfactorily decided. The notion of such dependence and such relation, however, is an extremely common—and therefore, doubtless, a very natural one; it is proverbial to say of a man of great mind that he has a big head, and of a weak man that he has a small one; and when we hear of the brain of such a savant as the celebrated Cuvier having been found to weigh some half a pound more than the average of ordinary brains, and remember how diminutive those of idiots often are, we feel almost that the point is settled, and the theory established as a law of nature. General observations, however, are not so favorable to the hypothesis as isolated ones; and the further the scrutiny is carried, and the more exactly the experiments are performed, the greater appears to be the difficulty of ascertaining any precise rule on the subject. This, it seems to us, is shown very clearly by the researches of our distinguished townsman, Dr. S. G. Morton, who has taken the lead of all physiologists in the practical study of the human skull, particularly in regard to its capacity, and has, by his numerous publications, added vastly to the sum of our knowledge, and obtained a world-wide reputation, which was never better deserved, because never more laboriously earned.

The last tables published by Dr. Morton present results which are highly interesting, although some of them are in opposition both to preconceived opinions and to the supposed rule of relation. Thus the general fact is true that there is a difference in the size of the brains of the different races of men, the most cultivated races having larger brains than the uncultivated. The Caucasian family, for example, have brains averaging a capacity of 92 cubic inches; while those of the Hottentots and Alforians only average 75. The Chinese have an average of 86; the aboriginal Americans 79. But in opposition to all this we have the equally general, and somewhat incomprehensible fact, that the barbarous races now in existence have larger brains than the civilized nations of the early ages. This is so far true, that the semi-savage Arabs of the desert now boast brains of 89 cubic inches, while the old Egyptians, the builders of the pyramids, had brains of but 80 inches; and our wandering red men of North America, including the "Diggers," "Poor Devils," or Shoshonees, as they are variously called, of the Rocky Mountains, rise to an average of 84 inches, while the ancient Peruvians and Mexicans, who were semi-civilized, dwelling in cities and worshipping in temples, had but 75 and 79 inches.

There are other facts, which appear from these tables, of an

equally curious character. Dr. Morton divides the modern Caucasian group into six families, of which the first in order, as in brain, is the Teutonic family, represented in his lists by Germans, English and Anglo-Americans. Of these the first and last named run up to 90 cubic inches, while the English exceed both by no less than two cubic inches. Cousin John will, perhaps, exult at his fancied superiority; and Jonathan may stare and feel indignant. Neither, however, should be precipitate. There is another and still more anomalous fact exhibited in these tables, which will suggest equanimity and caution; which is that the native Africans, savages though they be, have a similar excess of one cubic inch of brain over their civilized descendants in the United States, the former standing at an average of 83, the other only of 82 cubic inches.

These are facts wholly irreconcilable with the idea of the intellectual powers being proportioned to the mass of the brain. We have every reason to know that neither the English nor the African race has degenerated in any way, physically or intellectually in the new world.

The experiments of Dr. Morton are directed to ascertain the cubic contents of the brain. The older physiologists attended to its weight, and they constructed tables, though very imperfect ones, showing the average—or supposed average—weight of the brain, as compared with the rest of the body; and this in the lower animals, as well as in man. Now every one knows that the relative weight of a child's brain is greater than that of an adult; and this is an initial fact, which, of course, does not speak very favorably for the theory. By a table, (taken chiefly from Haller and Cuvier,) in Prof. Dunglison's well known work on Physiology, it appears that the brain of a child, at six years old, equals 1-22d part of its body, that of an adult, 1-35th part. Unluckily for human dignity, although some of the monkey and baboon tribe sink as low as 1-104th part, others of that race have brains of 1-22d, or as large in proportion as a child's. The game cock and dolphin tread—and swim—close on the lord of creation's heel, their brains being 1-25th part the weight of their bodies. The little canary bird, however, beats man and monkey, dolphin and game cock, its brain weighing only 1-14th; while he, in turn, retires in disgrace before the insignificant humming-bird, whose brain expands to the immensity of 1-11th of his whole weight—as Dr. D. informs us, on the authority of the late President Madison. We find, from this table, that the bat is a respectable animal; so is the bear and the hedgehog, the mole, the rabbit, the ox, the sheep, the donkey, the goose, and the dignified creature that furnishes us Virginia hams and lard oil; for they all come before, having bigger brains in proportion than the horse and elephant; both which, however, have more intelligence than all the others put together. With these examples before us, we shall cease to wonder at—or, at all events, to lament—the degeneration of brains in North America.

CLAIRVOYANCE AND PSYCHOMETRY.

We had the pleasure on Tuesday evening of attending a select party at the house of Dr. J. R. Buchanan, for the purpose of witnessing a series of experiments in clairvoyance and psychometry.

Among the persons present were Judge Hall, Wm. Adams, L. A. Hine, E. S. Haines, Esq., Dr. Owens, and the editor of the *Columbian and Great West*. After a general conversation on the objects of the gathering, Dr. Buchanan proceeded to a series of experiments with Dr. Owens. A portion of manuscript letter was placed on the Dr.'s forehead, and he proceeded to give his impressions of the character of the writer. He spoke of him as a man of decided talent—of sternness, force, and independence of character—a liberal man, who would court popularity but would not sacrifice opinion for popularity—a man of literary ability—if a clergyman, he would be “hard on the sinners”—he should think he was an Abolitionist.

The manuscript was that of Rev. John Pierpont.

Another letter was placed on the Doctor's forehead, and he described the writer as a man of talent—a man of considerable reputation—inclined to literature—both a prose writer and a poet. He did not think he would rank as a poet quite as high as Bryant, but there was great polish and considerable sublimity to his writings. He was a man who pruned his writings sometimes too closely. In a poem he would count very correctly every syllable of every line; labor for complete finish. Too close pruning was one of his faults; he was “over tasty.”

The manuscript was that of Longfellow.

Another letter was then placed on the Dr.'s forehead. After stating that he did not get a distinct impression of the character, he described the writer as a man of talent and address. He was an ambitious man; as a speaker, he was popular. He was a man of high aspirations; he would not object if he could reach the Presidency; he might be an Abolitionist; he was a disappointed man.

The manuscript was that of Henry Clay.

A committee was appointed to select other tests of the Dr.'s impressibility. A paper was placed in his hands. In a few moments he said it contained tobacco. The answer was correct. Another paper was given him. He described it as a medicine that in large doses would agitate the stomach—in small doses it would settle it—it had a soothing effect on his lungs. The medicine was *ipeca-cuanha*.

Mrs. Bushnell, the well known clairvoyant, was present. Dr. Buchanan impressed her. She was requested to give Mr. L. A. Hine's character. She proceeded to an investigation of his mental peculiarities, and gave him a very fair “setting out”—hitting off

his well known notions very aptly. Mr. Adams and Dr. Owens were also described, so far as we know the gentlemen, very correctly.

When Dr. Buchanan was about to awaken her from the clairvoyant state, she bid him stop, and entered upon a description of the appearance and character of the Dr.'s father, many years deceased. She gave a very correct description of his personal appearance, as compared with a portrait that was afterwards shown the company. After speaking of the Dr.'s father as spiritually present to her, she entered upon a lecture upon spiritual conditions. Her opinions and illustrations made very distinct impressions on our mind, but we have not space, nor perhaps would it be proper to give them here. We requested permission to ask the lady a few questions. It was granted. We asked her if we had recently lost a relative. She said we had—that it was a person heavier than we are—that he was at a distance west—that he was going farther west—that he resembled us very much—that he must be a brother—that he died suddenly of a disease of the stomach. She described his appearance perfectly—gave the peculiarities of his mind, and stated that he was in pursuit of one object by which he hoped to “shine in the world”—that when he died he expressed many regrets—and she described effects and mementos we know he had with him when he died, as perfectly as we could have done it. Her impressions of *all* the matters in reference to him of which she spoke, were correct, as near as we can judge.

We give no opinion on this demonstration of clairvoyance. We state facts; but to our mind, the experiment was satisfactory that Mrs. Bushnell is a wonderful clairvoyant. She will remain in our city some weeks, and designs giving a few public lectures in a clairvoyant state.—*Daily Times*.

DEMONSTRATIVE MIDWIFERY—THE BUFFALO MEDICAL JOURNAL.

Our valued and esteemed cotemporary, of the Buffalo Medical Journal, seems to have roused quite a professional warfare, by his approval of a specimen of demonstrative midwifery, exhibited before the graduating class of the medical department of the University of Buffalo. And we notice, too, in connection with this controversy, that the clergy, with their usual instincts and propensities for medical matters, have stepped forward to take a part in the affair, so that our friend Flint, if he should die in the warfare, will have the gloomy consolation of dying with the benefit of clergy.

We are really at a loss to understand the reasons for the extraordinary position assumed by the seventeen physicians whose names are appended to a letter, which appeared in the March number of the Buffalo Medical Journal, in which letter there is a bitterness of denunciation altogether unwarranted we think, by the circum-

stances. Such strong terms as "unprofessional in manner, and grossly offensive, alike to morality and common decency," are rather strong for use towards gentlemen, quite as able as the letter-writers to appreciate what is professional, and what accords with morality and common decency. In our judgment, the letter-writers have agonized the matter quite enough, to say the least.

That there are circumstances which would make demonstrative midwifery open to such denunciations as we have quoted, we readily admit, but one of the plainest and most sensible rules of logic forbids us from arguing against the use of anything, from its abuse. As far as "we understand" the case that drew forth the denunciatory letter, there was no departure whatever from professional manner, nor from "morality or common decency. These are relative terms; what might be considered very indecent by one virtuous female, by another, might be looked upon in a very different light. In the instance before us, the female acted voluntarily; no improper means were taken to procure her consent, and she was satisfied and pleased with the professional ministrations she received. Surely her judgment is worth something in a matter of this kind; may we say that her satisfaction far outweighs the ponderous displeasure of her volunteer champions? There is nothing in the curriculum of a college that needs demonstrative teaching more than midwifery, and we regret that the opportunities for demonstration are so very limited. The seventeen physicians of Buffalo are evidently not disposed to enlarge its means, and their views savor very much of the popular prejudices against dissections.

Dr. Bennet speaks very sensibly on a kindred subject, and his remarks may well be applied to the matter before us. He says: "In Paris hospital practice, the objections which exist in England, to examination by the touch, or by the speculum, either are not to be met with, or are not allowed by those physicians and surgeons who pay special attention to uterine diseases; consequently, little more difficulty is experienced in appreciating, by their means, the symptoms furnished by the uterine organs, than in resorting to any usual means of investigation in diseases of other parts of the economy."

The indisposition of English physicians to investigate uterine disorders is thus referred to by Dr. Bennet: "That this laudable sense of propriety is, however, often carried much too far by the members of the medical profession with us, is well known to all who specially study uterine pathology." Is the practice thus commented on calculated to advance or retard medical science, or its healing powers? The answer is obvious, and that answer meets the case in the medical college of Buffalo.

We cannot withhold from Dr. Austin Flint, the expression of our warm approval of his dignified, professional course. That he has the right side of the question, the strength of argument, and the force of professional precedents, we are well convinced.—*West. Jour.*

HYDROPHOBIA.

M. Buisson has written to the Paris Academy of Sciences, to claim as his, a small treatise on hydrophobia, addressed to the Academy so far back as 1835, and signed with a single initial. The case referred to in that treatise was his own; the particulars and the mode of cure adopted, were as follows:—

He had been called to visit a woman, who, for three days, was said to be suffering under this disease. She had the usual symptoms—constriction of the throat, inability to swallow, abundant secretions of saliva, and foaming at the mouth. Her neighbors said that she had been bitten by a mad dog about forty days before. At her own urgent entreaties, she was bled, and died in a few hours after, as was expected.

M. Buisson, who had his hands covered with blood, incautiously cleansed them with a towel which had been used to wipe the mouth of the patient. He had then an ulceration upon one of his fingers, yet thought it sufficient to wipe off the saliva that adhered, with a little water. The ninth day after, being in his cabriolet, he was suddenly seized with a pain in his throat, and one still greater in his eyes. The saliva was continually pouring into his mouth; the impression of a current of air, and the sight of brilliant bodies, gave him a painful sensation; his body appeared to him so light, that he felt as though he could leap to a prodigious height; he experienced, he said, a wish to run and bite, not men, but animals, and inanimate bodies. Finally, he drank with difficulty, and the sight of water was still more distressing to him than the pain in his throat. These symptoms recurred every five minutes, and it appeared to him as though the pain commenced in the affected finger, and extended thence to the shoulder.

From the whole of the symptoms, he judged himself afflicted with hydrophobia, and resolved to terminate his life by stifling himself in a vapor bath. Having entered one for this purpose, he caused the heat to be raised to 107 deg. 36 sec. Fah., when he was equally surprised and delighted to find himself free of all complaint. He left the bathing room well, dined heartily and drank more than usual. Since that time, he says, he has treated more than eighty persons bitten, in four of whom the symptoms had declared themselves, and in no case has he failed, except in that of one child seven years old, who died in the bath.

The mode of treatment he recommends is, that the person bit should take a certain number of vapor baths, (commonly called Russian,) and should induce, every night a violent perspiration, by wrapping himself in flannels and covering himself with a feather bed; the transpiration is favored by drinking freely of a warm decoction of sarsaparilla. He declares, so convinced is he of the

efficacy of his mode of treatment, that he will suffer himself to be inoculated with the disease. As a proof of the utility of copious and continued perspiration, he relates the following anecdote: A relative of the musician Gretry was bitten by a mad dog, at the same time with other persons, who all died of hydrophobia. For his part, feeling the first symptoms of the disease, he took to dancing, night and day, saying that he wished to die gaily. He recovered.

M. Buisson also cites the old stories of dancing being a remedy for the bite of a tarantula; and draws attention to the fact, that the animals in whom this madness is most frequently found to develop itself spontaneously, are dogs, wolves and foxes, which never perspire.

DROPSY OF THE BRAIN TREATED WITH IPECACUANHA LINIMENT.

The following account of the use of an ointment of Ipecacuanha is copied from a report of Dr. Hannay in *Brathwaite's Retrospect*:

The infant was in its eighth month, and the head had acquired a size much beyond natural. It presented an unnatural expression, looked languid and inactive; squinting, vomiting and costive bowels. It had been several times attacked with convulsions, after which it lay comatose for several hours. The fontanels were large and full. I directed diuretics (nit. pot. and pulv. ipecac.) as I have a notion that to increase the urinary discharge is on many accounts very advantageous in this disease. But it is to the effect of a liniment composed of powdered ipecacuanha root, from which benefit was derived in this case, that I request space for a short memoir of my trials of this remedy, first suggested to me by my accomplished colleague, Dr. Easton, Professor of Materia Medica in Anderson's University. To that gentleman I sent the following results of my experience of this new counter-irritant, and beg to offer it as the therapeutic parts of my gleanings. The formula I adopt is as follows:

R. Pulv Ipecac; Olive oil 23 each.

Lard—half an ounce. Rub the whole together so as to form a liniment.

The part we wish to irritate is to be rubbed freely with this liniment for fifteen or twenty minutes three or four times daily, and enveloped in flannels. This produces, in about thirty-six hours, or sometimes sooner, very numerous small papulæ and vesicles, seated on a deep red base of irregular extent. They become flattened in a short period, and assume the pustular character. Many of them run together; are confluent. The part feels hot to the hand of another, and a tingling sensation, never amounting to pain, is experien-

ced by the patient. The eruption endures very vividly for a few (three) days, during which the pustules become covered with a scab-like scale, and fall off, leaving no mark. They never ulcerate, as do the pustules from the tartrate of antimony. I regard the ipecacuanha as a very valuable addition to our counter-irritants. It is not over severe, as the tartrate is occasionally found to prove. Yet with all this moderation, it was very efficient and extremely manageable. In feeble, young and very irritable persons, it will, I feel assured, prove a very suitable counter irritant. I specially beg attention to the use of it in the head diseases of a chronic kind in infants and young children. Many of these cases follow the suppression of eruptions and scabbed disease of the scalp. Now the ipecacuanha liniment produces a scabbed state of the scalp, as nearly resembling the affections in question as can be imagined, and maintaining a counter irritation on the surface which I have proved, I think, to be a very valuable agent of this nature.—ED.

IMPROPRIETY OF FREQUENT OPERATIVE INTERFERENCE IN MIDWIFERY—BY DR. R. COLLINS, DUBLIN.—[Dr. Collins gives an account of 3847 labors attended by the late Dr. Joseph Clarke, of Dublin, in which he used instruments remarkably seldom. Dr. Collins says:]

It may be observed he only used the forceps once, and that without completing the delivery. If we seriously reflect upon the happy results to the mothers, from the practice pursued by this distinguished physician, as regards the use of instruments, and then carefully examine the succeeding section upon children still born, and find here equally happy results (as of the 3816 single births, there was only forty-two children still-born, of those that had arrived at the full period of gestation, or in the singularly small proportion of one in 91,) we cannot fail to discover a number of astounding truths, sufficient to warn our artificial advocates, and make them pause until they can supply their professional brethren with a series of facts equally satisfactory.

How seldom should most practitioners be found to use instruments, if the successful course pursued by Dr. Clarke were universally aimed at. Is it not worthy of our best consideration, with the invaluable statement before us, that, in an extended practice in the upper ranks of life perhaps unexampled, there is not *one single instance of death* resulting from laborious or protracted labor! This is a practical fact which ought to be carefully recollected, and seriously weighed, by most of our continental brethren, who use instruments in every fifth, tenth, fifteenth, twentieth or thirtieth labor under their care, with the object of expediting delivery; as also by some of our own countrymen, whose unsound doctrines, inculcating mischievous interference to promote hasty delivery, the unquestionable truths here recorded clearly demonstrate to be most un-

justifiable and most uncalled for. Should not this inexpressibly important record forever silence those who venture to publish crude and fanciful opinions, unsupported by any data from their own experience, affording similarly happy results. It affords me infinite satisfaction to supply this truthful registry of facts for the universal and serious consideration of the profession. These truths speak in language the most convincing, and must, when studied, leave an indelible impression.—*Med. Gaz.*, July 20, 1849, p. 122.

WASHING LIQUOR—The Secret Out—Twelvetrees' Recipe.—Some one in New York is advertising a wonderful secret in the way of a labor-saving mixture for washing clothes. A remittance of one dollar, says the advertiser, will insure a return of the *recipe*. Now we have the pleasure of presenting our readers with the "wonderful secret" in full, "free gratis for nothing," acknowledging, however, our indebtedness for the same to the Liverpool Standard, from which we extract the following:

Washing Liquor.—A correspondent who calls himself the "Washerwoman's Friend," says: "There is now a washing liquor sold at Sheffield at the most extortionate price—beautifully labeled—but for the benefit of washerwomen, who are generally the really deserving, we will impart the wonderful secret, which has been obtained from head quarters, viz.: Mr. Twelvetrees. One pound of soda, one quarter of a pound of lime, one half of a pound of soap. The soda and soap are boiled together, and the lime alone, in two quarts of water; and then after being boiled are used as required. This recipe can be as well manufactured by a poor washerwoman as by a scientific chemist.

There now, will not all thrifty housekeepers thank us? We have no doubt that if we had advertised that we would impart this most important of secrets for fifty cents, every one of the eighteen hundred families in Jersey City and Van Vorst would have jumped at the chance. We only say try it—the recipe—and if you find it good, act in regard to the *half dollar* as your sense of justice dictates.

A more definite form of the recipe is as follows, which we take from one of our English files—the Greenock Advertiser—and for which our lady readers we know will thank us, the men too, when they think upon the horrors of *washing day*.

Recipe.—Dissolve one quarter of a pound of lime in boiling water, straining through a flannel bag; dissolve separately one quarter of a pound of brown soap, and one quarter of a pound of soda—boil the three together. Put six gallons of water into the boiler, and when boiling add the mixture. The linens which must have been steeped in cold water for twelve hours, are wrung out, and stains rubbed with soap, and put into the boiler, where they must boil for thirty-five minutes. They are then drawn, (the liquor be-

ing preserved, as it can be used three times,) placed in a tub, and clear boiling water poured over it. Rub them out, rinse them well in cold water, and they are ready for drying. By this process, two-thirds of the ordinary labor of washing is saved; bleaching is dispensed with entirely; the clothes are much cleaner and are less worn than by the ordinary mode of washing, and the mixture in no way damages the fabric.—*Jersey City Tel.*

UNHEALTHY CONDITION OF THE WHITE HOUSE.—President Fillmore, by the advice of his physicians, has taken apartments for the night in Georgetown, in consequence of the unhealthful condition of the White House. Of its unhealthfulness there can be no doubt. It is believed that almost every inmate of President Tyler and President Polk's families, white and black, were sick there; and there died Generals Harrison and Taylor, who entered its walls well; while from there, with the seeds of disease lurking in his frame, went President Polk, to die a short time afterwards. And there too, died the first Mrs. Tyler. The cellars of the White House are exceedingly damp at all times, and from the basement story a chilling atmosphere strikes one, whenever the basement doors are opened. One feels at once that such air is unwholesome. Added to this, the malaria from the Potomac, without an intervening object to break its effect, comes up full upon the south side of the White House, in all its unabated, unbroken power. The Long Bridge, as it is called, over the Potomac, actually dikes up the water and makes the river look like a huge mill dam, while the greenness of the sluggish waters on its borders demonstrates to every one what must be the condition of its atmosphere. There should be a light bridge across the Potomac—a high, arched and capacious bridge—so as to let the waters take their natural current unimpeded, and the cellars and basement of the White House should be drained, ventilated and made thoroughly dry.—*Baltimore American.*

THE DISEASE OF PRESIDENT TAYLOR, AND ITS TREATMENT.—The newspapers are engaged in investigations of the cause of President Taylor's death, and we think that the treatment he received at the hands of his physician is a fit subject for remark. On the Fourth of July he was exposed to the hot sun for two hours, then ate freely of raw vegetables and fruit, drank a glass of milk, and was soon attacked with cholera morbus. Calomel and opium were administered. The momentary effect, doubtless, was good—but the result was an intermittent fever. The error was in giving calomel and opium—stringent medicines—and in following up that treatment. Calomel and quinine were freely given on Monday and Tuesday, the last days of his life. The great error appears to

have been in using the medicines to shut in the disease—to irritate rather than to soothe the symptoms, thus creating a dangerous, and, as it proved, a fatal fever. The common course of allaying cholera morbus, by opium and other stringent medicines, is much to be censured. Any physician can stop the first and most inconvenient symptoms of bowel diseases, but all should be aware of the terrible consequences of such allopathic treatment. President Taylor's case, doubtless, was a delicate one; but it appears to have been within the power of medical intelligence to have met it successfully. We must deplore the cause of his death, as well as the lamentable result.—*N. Y. Herald.*

BENNETT ON CANCER.

On Cancerous and Cancroid Growths. By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and one of the Professors of Clinical Medicine in the University of Edinburgh. Edinburgh: Sutherland and Knox, 1849. pp. 260.

Dr. Bennett understands by a "cancerous" growth a structure containing certain cells infiltrated among fibres. These so called "cancer cells," which the author minutely describes, are not distinctive of a malignant growth, and closely resemble young epithelium or cartilage cells. When grouped together, however, their appearance is highly characteristic, as may be at once seen by glancing over the numerous beautiful wood-cuts scattered through the work. If the cells are few in number, the tissue is hard, (scirrhous;) if they are abundant, it is soft, (encephaloma;) and if they are collected together in loculi combined with a viscous fluid, it constitutes that rare form of disease called colloid cancer.

The term "cancroid" has been given by Dr. Bennett to growths which more or less resemble cancerous ones, which are continually mistaken for them, and yet do not correspond with them in structure. Every practical man must be satisfied of the value of this distinction, and of the necessity of improving our means of diagnosis between tumors which are really cancerous and such as are only cancroid. The work contains valuable cases, which show that practitioners of the greatest experience are frequently in the habit of confounding fibro-nucleated, epithelial, fibrous, enchondromatous, fatty and tubercular growths, or certain forms of them, with true cancer. Dr. Bennett has taken great pains to point out how these may be distinguished from cancer and from each other, and he has figured the structure of each as seen under the microscope, as well as given ample directions for examining them.

The work is divided into two parts. The first part contains fifty-six cases of cancerous and cancroid growths, in which the symptoms, post-mortem examination or appearance of the tumor, and

the minute structure as shown by the microscope, are carefully detailed. As the professor expresses his conviction, that in the present state of our knowledge no mere verbal description of ultimate tissue is sufficient to communicate correct impressions of them to others, (a conviction, by-the-by, in which we feel satisfied the great bulk of our readers partake,) exact copies of the structure referred to have in every case been represented with the most scrupulous fidelity. The illustrations, indeed, all of which are original, and have been copied from nature by the author, give a peculiar value to the book, and will render it a standard of reference to the surgeon and to the morbid anatomist. We would point to the wood-cuts, illustrative of observations, 7, 15, 22, 27, 30, 33, 36, 37, 47, 55 and 56, not only as beautiful specimens of wood engraving, but to many of them as representing for the first time forms of structure hitherto altogether unknown.

These fifty-six cases, Dr. Bennett tells us, have been selected from an immense number of observations in his possession, with a view merely of exhibiting all the varieties of growth with which he is acquainted. In several places we are informed that it would have been easy for him to have increased their number, but as it was not in his power to add other histological facts of importance, their publication has appeared to him unnecessary, (p. 31.) In another place it is stated that the author has notes of about 200 specimens of cancerous growths alone, which at some future period may be made available to a trustworthy statistical inquiry, (note, p. 219.) Indeed, it cannot be doubted, that during the five years which Dr. Bennett acted as pathologist to the Royal Infirmary of Edinburgh, an immense field of observation was thrown open to him, and we are bound to observe no one could have cultivated it with greater perseverance, or produced from it works which are better calculated to secure a permanent reputation. In the second part the author gives a systematic account of our present knowledge of cancerous and cancroïd growths, in which he contrasts prevailing opinions with the facts recorded in the first part, and endeavors to ascertain what useful deductions may be drawn from his previous observations. With this view, he treats; in successive chapters, of the histology, chemical composition, general anatomy, general pathology, statistics, diagnosis, prognosis and rational treatment. It would exceed our limits to follow Dr. Bennett through each of these subjects; we shall content ourselves with alluding to a few of them. Under the head of Statistics, the author observes, that to arrive at correct results by the numerical method, it is necessary that the individual facts should be positive and well authenticated. Now, this is not sufficiently attended to in medical statistics. Books and journals are ransacked; so-called cases of cancer or other forms of disease are added together, or arranged in tables, which, with all the appearance of arithmetical accuracy, are in point of fact falla-

cious in the extreme. Thus, Tanchon collected 9118 cases of so called cancer from French mortuary registers, and these have served as the foundation for conclusions by Dr. Walshe and others. But, says Dr. Bennett, nothing can be more erroneous than to suppose that any disease whatever, *really* exists because it is the opinion of medical practitioners that it does so; and there can be no doubt that cancerous tumors (as, indeed, is demonstrated in the work before us) are continually confounded with fibrous, cartilaginous, fatty, tubercular, and other forms of cancrroid growth. As exact observations accumulate, however, Dr. Bennett anticipates that the most important results will be obtained by applying the principles of statistics to cancer. At present, he thinks our materials are not sufficient to enable us to arrive at trustworthy results, in so much, as far as his reading goes, that there are only 526 cases on record in which the structure of morbid growths has been examined, including all the forms of cancerous and cancrroid formations. Until further observations are accumulated, therefore, the author thinks it most judicious to avoid giving special descriptions of cases in individual organs. It would be well if our medical statists would imitate the author's caution in this particular.

On the subject of diagnosis, Dr. Bennett's observations will be found most valuable; but as it would be impossible for us to make them intelligible without the numerous figures to which he continually refers, we cannot enter upon them. We entirely coincide in the following remarks:

"Hitherto, the diagnostic value of a microscopic examination of cancerous and cancrroid tumors has not been very extensively tried in practice. It was evidently necessary, before arriving at this, to investigate their structure, and obtain an amount of information that might serve as a basis, not only for further scientific research, but for useful purposes in the investigation of disease. The labors of those who have studied the subject may, I think, now claim some consideration from such of the profession as are desirous of founding their practice on an accurate diagnosis. To the surgeon and accoucheur especially, whose cases present them with morbid growths within their reach, such labors will prove valuable; and they are the persons who ought now to prosecute the inquiry, and render the results which have already, or may ultimately be arrived at, practically beneficial in the detection and treatment of disease."—p. 222.

As regards the prognosis, while Dr. Bennett agrees as to the great mortality of cancer, he denies that it is necessarily fatal, as is generally believed. He thinks it equally unpathological to talk of any disease as being *invariably* fatal, or *invariably* curable; for the most innocent sometimes kill, and the most malignant sometimes terminate in cure. He gives four cases where cancer was anatomically found to have undergone spontaneous cure, and says that this

result may take place by the formation of a fibrous cicatrix, a fatty mass, or a calcareous concretion. The section on Degeneration of Cancer, page 210, ought to be studied in an especial manner.

In the chapter on treatment, Professor Bennett does not enter into any surgical details, but alludes to general modes of practice under the heads of—First, Means of Retardation and Resolution; secondly, Means of Extirpation, and thirdly, Means of Prevention.

Cancer is dependent for its power of growth, extension, and redevelopment, on the cells it contains. It follows, that to retard the growth of the cancer cell, when once formed, is to retard the advance of cancer itself, and that to render it non-productive is to arrest its progress. Now, all growth in the vegetable, as well as in the animal world, is dependent upon certain external circumstances which are more or less under the control of man, such as an elevated temperature, a proper supply of moisture, room for expansion, and certain localities. Dr. Bennett therefore alludes in succession, as means of retardation and resolution, to the influence of cold, dryness, pressure and locality.

The means of extirpation are,—first, excision of the part; secondly, chemical agents which destroy texture. With regard to the former, the author takes a more favorable view than many surgeons are in the habit of doing. He argues, that as there is no possibility, at an early period, of knowing whether the growth may or may not ultimately become cancerous, prudence demands that so soon as it becomes evident that the means formerly alluded to have failed to arrest its progress, an operation should be had recourse to. As regards the propriety of excising advanced tumors, he says,—

“The practical rule, which pathology and experience unite in causing us to adopt, seems to be this, that so long as a cancer remains fixed (limited?) in a part which is capable of being removed, and the strength of the patient is not too much reduced, so long is the surgeon warranted to interfere. If this applies to cancerous, it does so with tenfold force to cancrioid growths, which everything that we know warrants us in asserting are much less fatal and malignant.”—p. 245.

Under the section of Means of Prevention, Dr. Bennett brings forward a suggestion, which we give in his own words:—

“As excessive cell-development must materially be modified by diminishing the amount of fatty elements which originally furnish elementary granules and nuclei, the circumstances which diminish obesity, and a tendency to the formation of fat would seem *a priori*, to be opposed in the cancerous tendency. Fat, however, is essential to a healthy nutrition in the economy, and there will always be a difficulty in so regulating ingesta, as while, on the one hand, we prevent such an excess of adipose formation as not to favor excessive cell growth, on the other, we may sufficiently contribute to the healthy nutrition of the tissues. In most cases of cancer-

ous and cancrroid growths, however, it seems to me a prudent step to diminish all those dietetic substances easily converted into fat, including not only oily matters themselves, but starch and sugar.

"But there is another source of fat in the economy, originating in the secondary digestion of the tissues, which we may operate upon with greater chance of success. By preventing accumulation from this source, we not only invigorate the system, and keep the functions in order, but cut off one of the supplies of that material which keeps up excessive growth. This we can only do by taking care that the excretory organs properly perform their functions, and that the matter excreted bears a full, or even increased proportion to the ingesta. By paying attention to the function of the lungs, skin, liver, and kidneys, and by promoting their action, we shall accomplish what is most necessary to obviate, a cancerous tendency, and the disposition of the disease to return. It may be stated, that this is only saying, in other words, attend to the general health. But health is too often judged of by the appetite, amount of ingesta, and robustness of an individual, rather than by a due amount of the excretions, and a spare but active constitution. If a tendency to fat be antidote to tubercle, as I believe it is, sparseness may possibly be considered opposed to cancer. In the one case we should do all we can to bring nutrition up to and above the average; in the other, down to and below it."—pp. 250.]

The author himself calls this hypothesis, and does not claim for its consideration more than analogy warrants.—*Lond. Lancet.*

SULPHUR IN CHOLERA.

On Sulphur as a Remedy in Epidemic Cholera. By JOHN GROVE, M.R.C.S. &c., London: Ridgway. 1848. 8vo. pp. 47.

THIS little treatise is from the pen of a correspondent of THE LANCET, whose contributions we always receive and insert in our pages with pleasure; for they are lucid in style, and the motto "*res non verba*" may be fairly applied to them—if, indeed, it is ever applicable to a literary production. Mr. Grove is not solitary in his advocacy of sulphur as a remedy for cholera. Our readers will recollect, that we not long since devoted some space to the analysis of an able pamphlet, by Mr. Blacklock, of the Madras Medical Establishment, who was equally sanguine as to the good effects to be derived from its internal administration. The "sulphur mixture" which Mr. Grove uses consists of *pure* precipitated sulphur, a scruple; sesquicarbonate of soda, a scruple; compound spirit of lavender, two drachms; and water, five ounces and a half. Mix. A quarter part for a dose. The amount of sulphur in each dose we should have thought scarcely adequate to produce an effect sufficiently powerful to combat the violence of the deadly malady, supposing it to stand really in the position of an efficient antagonist to

the disease. However, Mr. Grove furnishes us with a table of 101 cases, all of which, except three, in which death ensued, were successfully treated by him, and he further appends a table of successful cases, in which the same remedy was used by Mr. Thomas Johnson, of Weymouth. Mr. Grove remarks—

“The cases mentioned in the table were all treated with either ether and opium at the commencement, followed by the sulphur mixture; by the sulphur mixture combined with opium, or by the sulphur mixture alone. The dose of ether and opium for an adult was of æther. sulph. co. one drachm or one drachm and a half, tincture of opium, half a drachm, in a glass of water; to be repeated, should it be vomited, in a few minutes; and if the second dose be rejected, the sulphur mixture to be commenced and repeated every quarter of an hour until retained; then every three or four hours. . . . In cases of diarrhœa, should they be recent, I exhibit the sulphur mixture alone. The first dose almost invariably relieves; and I order it to be taken every few hours for a day or two. . . . Should the diarrhœa have been some days on the patient, I usually add ten minims tincture opii to each dose of the mixture, as it affords to the sulphur a better chance of being absorbed, and at the same time allays that irritability of the bowel which, after a continuance of diarrhœa for some days, is engendered even under ordinary circumstances.”—p. 34, 35.

He adds, however, “I do not consider the sulphur as a remedy when the collapse is fairly set in.”

Mr. Grove finds that the sulphur produces a rapid determination to the surface.

“After a dose or two doses of this medicine have been taken, the whole body soon becomes under its influence, every portion of the skin exhales the peculiar odour of that substance, and a genial warmth and moisture pervade the whole surface.”—p. 27.

The testimony of Mr. Johnson in its favor is very strong, and he states—

“What has most particularly struck me is, that you have no consecutive fever after its administration, let the case be ever so severe. Not one case has proved fatal.”—p. 41.

Mr. Grove believes in the existence of a close analogy between cholera and other epidemic diseases, and he starts the following points:—

“Should it be proved, as I anticipate, that sulphur is an antidote to the cholera poison, it is not unlikely that the same remedy may be available for other epidemic diseases. . . . I cannot see why one agent should not be efficient in neutralizing all poisons which are capable of generating epidemic disease; for we may infer, that if the poisons be not identical, yet in all probability they have a similar type; and whether they are composed of animal matter in a state of decomposition, having the power of inducing catalytic ac-

tion in organic liquids, or whether they consist of minute vegetable germs, there is but little reason to apprehend that more than a modification of one type performs the extraordinary work."—pp. 25, 26.

We know, indeed, that sulphur is destructive to some forms of organic life, and if the production of cholera be dependent on minute fungi, or cellular formations foreign to the system,—an opinion rapidly gaining ground,—we can readily understand, in our present uncertainty on the matter, that sulphur might act beneficially, by reason of destroying these parasitic substances.

Mr. Grove is not only a believer in the fungous theory of cholera, but he has entered laboriously, and in a highly meritorious manner, into the field of microscopic researches on the subject.—In another part of this *LANCET*, our readers will see some representations which we have had with all speed engraved for the present number, delineating what has actually fallen under Mr. Grove's observation. Here has been traced the progressive increase and development of the fungous cells, in the urine of a patient who had just recovered from the collapsed stage of cholera; and, within the present week, Mr. Grove has personally shown to us the same specimens under a microscope. We believe it is the intention of Mr. Grove to forward, as speedily as practicable, other specimens to our office, to be seen and examined there by other members of the profession.

We cannot dismiss Mr. Grove's pamphlet without reprinting entire his conclusion, which, though treating on a subject only collaterally connected with the rest of its contents, is so truthful and excellent, that we cordially recommend attention to it on the part of both the profession and the public. Until the medical profession be put upon a different footing as regards its connexion with the body politic, the interests of science and of society must continue to suffer.

"On looking over what has been said in the preceding pages, I have felt how imperfectly the task imposed upon me has been accomplished. The active employment of a general practitioner's life leaves him little time for severe study; and under the present system of medical affairs, much less than might be afforded under better arrangements.

"The time occupied in dispensing medicines and keeping day-books and ledgers should be applied to making a systematic arrangement and record of cases, in studying works on medicine, and reading those on general literature, (for refinement of mind is by no means an element to be despised in the character of the medical practitioner,) and in the practice of chemical manipulations, materials for which he will find ample means supplied to him even in a very moderate practice. Indeed, in the advanced and rapidly ad-

vancing state of science, it requires no inconsiderable portion of time to keep pace with the progress of any branch of scientific knowledge; how much more difficult, then, must it be to the medical man who has to grapple with chemistry, physiology, pharmacology, pathology, and many other ologies which come within the range of medical inquiry, to accomplish a duty great in itself, without the drudgery of ordinary business.

"Until our profession, *as a whole*, shall have cast of the trammels of trade, it will neither obtain the merit, nor secure the esteem of which it is capable, because the people, generally speaking, look to the physic, not to the physician's talent, as that which is to be paid for. The medical practitioner is therefore associated, in their minds, with tradesmen; and if his account is asked for in detail, a rigid attention must be paid to the items of draught, mixtures, pills, powders, and lotions, or he will perhaps hear of it again, and not in the most pleasant manner. His accounts at present must be based on that principle, or the law affords him no security in case of disputes. Much more might be said on this subject, but let me apply the observations to our present position as regards epidemic cholera.

"The result of the peculiar method of obtaining remuneration for services rendered by our profession, is clearly shown to be at the expense of additional professional acquirements, and in a commercial country like this, that such a state of things should have existed is not to be wondered at; but in our enlightened times, as the present are considered, what system can be worse than one which causes a professional man to occupy his time in the business of a pharmacist and a book-keeper, instead of storing his mind with useful information. The public are clearly the losers by this system; and nothing can be more certain than that at the termination of the present epidemic, when statistical information might have afforded materials for an able digest of all that had occurred, during the prevalence of cholera, connected with medicine or otherwise, it will be found, as after 1832, that statistical records will not avail in furthering the advancement of medical science, from the simple fact, that no well-concerted method has been applied to meet this desideratum.

"The professional men, as they are at present engaged, have neither the opportunity nor the inclination to devote themselves, *as a body*, to professional attainments: their mode of conducting business almost precludes the possibility of success, even under the most strenuous exertions. The great bulk of the practices of this country average from £300 to about £800 per annum; they are generally conducted by single individuals. What an amount of toil and labor has to be borne to obtain these incomes, small as they are; the mental anxiety suffered when much sickness and mortality prevail, or during attendance upon any dangerous cases, can scarcely be conceived by those who are unconnected with the profession.—

Let any man ask his professional adviser what leisure he finds during the year; he will then discover the cause of differences of opinion, want of unanimity, uncertain results of inquiries upon important subjects connected with public health, and all the attendant train of evils inseparable from the present state of medical affairs.”
—*London Lancet*.

REMOVAL OF TUMORS, CANCERS, WARTS, ETC.

BY N. L. FOLSOM, DOVER, N. H.

In the removal of encysted and fatty tumors, cancers, fungoid growths, naevi, warts, corns, piles, &c., by the use of potash, it may be prepared as follows: Put a pint of boiling water in an earthen mug, or other vessel, that can be easily covered tightly; put into this water enough of pulverized crude potash to saturate the water; let it remain in that condition on a hot stove from six to twelve hours. Then dip off the clear liquid, and stir in enough wheat flour to make a thick, stiff paste, and it is fit for use. It should be kept corked tightly in a glass jar, and it will keep for any length of time. The advantage of preparing the potash with flour instead of eggs and other substances, is that it will not spread beyond where you have placed it, and by using a sharp pointed instrument gently, where you have applied the paste, to make an issue, or for any other purpose, you can destroy the flesh a quarter of an inch deep in an hour and a quarter, so that you can scrape it out, leaving a fine issue. You can extirpate a wart with it in about the same time, so that it will never return. By the same process you may remove a nævus, a suspicious pimple on the lip or face, without frightening patients in the least, as they are not usually much frightened at anything pertaining to surgery except the knife. And I think the paste will much more effectually remove them than the knife. After using the paste for any purpose whatever, poultices should never be used, as we are then much more liable to have inflammation; but we should use diachylon salve, common adhesive plaster, or the basilicon ointment. The advantage of *simple* potash over potassa cum calce is, that it produces very much less pain and inflammation. An encysted or a fatty tumor may be removed with the paste, producing little or no bleeding, and by using the scalpel but very little.

To remove one of the above tumors with the paste, you will chafe a strip over the middle of the tumor with fine sand paper, the length you would make an incision if you were to remove the tumor with the knife. Then apply the paste about a quarter of an inch wide, where it has been sand-papered. After the paste has destroyed the integuments down to the tumor, which you will ascertain with your pointed probe, you will make an incision through the dead flesh, and with the handle of the scalpel turn out the tu-

mor, which may be done, in many instances, without further using the knife, or producing any hemorrhage, and with very little inconvenience to the patient. Then dress the wound with adhesive plaster, and basilicon ointment. If at any time adhesions are found between the tumor and the sac, you can put a little paste in between the sac and the tumor if the patient will not allow you to use the knife. By the above process you will be able to lull the fears of your patients, and get more tumors to remove, than if it was understood that you were to remove them with the knife. This paste is the best and most convenient form, I think, to use the caustic potash, for any purpose whatever. With your probe you can put it any where you please, into the mouth, nose, vagina, anus, &c., &c., and destroy just where and what you wish.

The cancer doctors use common potash, potash made from prickly-ash bark, and potash from sorrel, &c., to make their plaster cancers of, some using one, and some another.—*B. M. and S. Jour.*

CREAM OF TARAXACUM.—[We quite agree with Dr. Collier when he says that “remedies are enhanced in value, when they are found to combine simplicity with efficacy; and hundreds of pounds are paid for ext. taraxaci in public and private practice, and nine tenths of it are all but inert, sweet, and decomposed in the process of preparation.” He gives his own method of using dandelion for the cure of hepatic and dropsical disease, which we are disposed to think very favorably of.]

Cut the fresh roots of dandelion, free from any adherent earthy matter (previously washed and slightly scraped) into transverse slices. Sprinkle any quantity of these, while moist, slightly with spirit of juniper, and express them in a tincture press. The cream thus expressed will keep any reasonable time for the purposes of the practitioner in the hottest weather. The dose, a table spoonful or more, twice or thrice a day, will probably produce two or more diurnal biliary evacuations. It may be diluted, or put up in the form of draughts, with any of the diuretic waters or infusions, or with a solution of cream of tartar. The great objection to its use will be that it costs nothing, and may be made by every one, without pharmaceutical mystery or expense.—*Braithwaite's Rel.*

DEATH FROM THE STING OF A “YELLOW JACKET.”—Last week, a son of Mr. John Gilpin, of Centre township, in this county, 12 years of age, came to his death in the following singular manner: While pounding, or mashing apples to make cider, a “yellow jacket,” flew into his mouth and stung him at the top of the throat, and in twenty minutes he was dead! Swelling set in immediately, which completely closed the windpipe, and death was produced by suffocation.—*Cambridge (O.) Times.*

A NEW SYSTEM OF MEDICAL PRACTICE.—A London correspondent of the Tribune, gives the following account of a new method of curing diseases, invented by a Swedish poet, which consists in bodily exertions, either voluntary or applied from without:

"A subject which is now talked of here as a piece of progress, is the new system of Mechanical or Motor Medicine, called 'Vinesipathy, or the cure of diseases by Specific Active and Passive movements.' It has been practiced for forty years in Stockholm, and is this year for the first time becoming prominent in England. There is a good pamphlet on it under the above title, by Georgu. The method consists in applying external motions, passive and active exercises, &c., to the body; and in rendering these so special, that you can operate on the various inward organs, on parts of these specifically. Friction, posture, percussion, motion are all made use of; and the science has so far advanced, that already as many as a thousand different movements have been devised for the purpose moving and jogging the failing parts and powers within.

There are thus languages of *nudges* to remind brain, liver, spleen and all of their neglected duties. The effects produced approve the plan, and stamp it as an art and science. It is exercise, contact, admonition pursued into details, whereby disease is literally for the first time handled. One important general truth which accrues from it is, that operations from without are propagated inward, and that by scientific knowledge, you can send in messages to particular parts, which are received and heard just where they are wanted, and no where else. This practice recognizes motion for the first time as an important element in the living frame, and throws the chemical and molecular views, which are dead and chaotic, into the back ground, bringing forward the physical and mechanical, which are large enough to be living; and founding upon them a method of curation. It is remarkable that this laying hold of the mobility of the frames also comes from a Swede, Ling, the poet."

A DISGRACE TO HIS SPECIES.—A friend has just related to us a curious fact in natural history respecting a dog. In North Attleboro' in this State, there is kept in a manufacturing establishment, a large mastiff who takes as much comfort in a quid of tobacco as does the most inveterate lover of the weed. So habituated has he become to its use, that he must have it, and will sit all day in the centre of the shop chewing away with appetite and a good relish. He became thus like a man, by playing with 'old sogers,' as the ends of cigars are professionally termed. In such play he would occasionally find a 'soger' in his mouth, until at length a taste was formed for the tobacco which has since increased, and now he is what he is. We believe this to be the only instance on record, of any animal but man, and one species of worm using the weed from the pure love of it.—*Boston Cabinet.*

Part 3.--Editorial.

MEDICAL SCHOOLS.

The Rochester School has been decidedly improved by the selection of Dr's L. Reuben and L. C. Dolley, in place of Dr's B. S. Heath and C. J. Kenworthy. Dr's Reuben and Dolley are gentlemen of education and respectability, and decided medical reformers. Dr. D. is a graduate of the Eclectic Medical Institute.

A new edition of the announcement of the Louisville (Reform) School has been received, which is not only handsomely printed, but improved in its style and character, with its objectionable passages omitted; an evidence of good sense and good taste which is quite commendable.

Dr. STORM ROSA has been appointed Professor of Obstetrics in the Cleveland Homœopathic School.

Dr. DAN'L DRAKE has been appointed Professor of Theory and Practice of Medicine in the Louisville Medical Institute, and Dr. EVE, of Georgia, Professor of Surgery. The use of the Hospital has been equally divided between the Louisville Medical Institute and the Kentucky School, formerly of Lexington.

The Memphis Bulletin, which is the organ of the Memphis School, claims that their College is just as "*orthodox and Allopathic*" as any in Philadelphia or New York—and not controlled by Eclecticism or any other ism. This is not official as it is not based upon any official declaration of the Faculty—but it looks very queer considering the circumstances. However, time will bring all things to their true position; mean time comment is unnecessary.

The following is the language of the Bulletin; what degree of importance is to be attached to it may be judged from the fact that the editor is a Professor of the Memphis Institute, and one of the most active members of the Faculty, though not a medical man.—I had not intended at first to make any reference whatever to this matter, but I perceive that in all the recent publications emanating from gentlemen connected with that school, there is not one sea-

tence which places the school upon the Eclectic platform, but on the contrary there are many expressions designed to parry off the charge of being Eclectic and propitiate the favor of the old school party. Hence, I deem it but justice to the readers of this Journal and the true supporters of Eclectic Reform to republish the following semi-official manifesto from the Memphis School. Unless the members of that Faculty repudiate this announcement in a distinct and emphatic manner it is impossible to avoid the conclusion that it does represent the position of the school. At the present time I have no sufficient reason for believing that they will, but several reasons for believing they will not. I have nothing farther to say at present upon this subject, but merely wish to enable that Faculty to define their position as they think proper, and to keep my readers duly apprised of the progress of events.

"Scarcely a day passeth that we do not receive one or more letters, enquiring whether the Faculty of the Memphis Institute is not what is termed *Botanic*, and whether it does not teach that doctrine.—Others enquire whether Eclecticism is not the prevailing doctrine taught in our Institute; and some have gone so far as to enquire whether the absurdities of Homeopathy are not taught as is the case in the Eclectic College at Cincinnati. We have invariably contradicted all such reports as may have a tendency to create the belief that this College advocates any of the new *isms* of the day. It is as standard in its teachings as any similar institution in this country; and the believers in the doctrine of Allopathy need not hesitate to patronize our institution, as the greater number of our Faculty are acknowledged Allopathic Physicians, and two of them of thirty years' practice. It is now the custom in most Colleges, to teach any new discovery of the day, whether it be the result of the labors of Allopathy, Homeopathy or Eclecticism. A truth is a truth wheresoever it may be found, irrespective of the person who discovered it; and truths, so far as they exert a bearing upon Medicine or its collateral sciences, are taught by the Professors of the Memphis Institute as such, totally careless by whom they may have been discovered. Still the Faculty wish the public to understand its position on the Medical platform, that those at a distance may know where to place it, and to act accordingly. That the Professors of this Institute have adopted what is termed the Botanic doctrine is not true, for with that and steamism they have no friendship, nor do they teach it or recommend it in their lectures. What is termed Eclecticism may, and probably does, contain some remedies new to the medical profession, and some methods of cure which experience has proven to be more safe and efficacious than by the old ones. These will be fully commented upon by the Professors,

and what is really valuable given to the students, while all the remedies in use by the regular medical profession, will be dwelt upon—their therapeutic and pathological qualities thoroughly explained, and everything connected with them taken cognizance of.

“Thus it will be perceived that the Professors of the Memphis Institute are not “Eclectic” nor “Botanic,” but that they expound the doctrines of Medicine as taught by Physick, or Rush, or Mott, and all those who are considered standard in Medical science. But instead of affiliating with any of the new fangled *isms* of the day, they stand as far aloof as any College in this country, and consider themselves as emphatically orthodox, and as decidedly Allopathic as any of our brother Colleges in Philadelphia. These explanations we make that the public and our professional brethren may know upon what platform we stand, and then be prepared to contradict the reports of certain individuals who are industriously circulating scandal for the purpose of injuring this Institute.”—*Memphis Monthly Bulletin*.

MEDICAL CHEMISTRY.

In accepting the department of Medical Chemistry and Cerebral Physiology it has been supposed by some that I may not occupy the field in which they have been pleased with my labors heretofore, but I would remark that Medical Chemistry is intimately connected with Physiology and the Institutes of Medicine; consequently I shall still be occupied in presenting those important physiological principles which I have heretofore taught in reference to the body as well as the brain. Medical Chemistry in perfection might be styled the Institutes of Medicine, for it contemplates the action of remedies upon the constitution as well as the molecular action of its fluids and organs. This subject is truly a vast and important field of labor, but requires a great amount of original research to do it justice. It cannot be properly taught without going far beyond the limits of the books.

CRANIOLOGY.

The craniological remarks in this Journal copied from a Philadelphia newspaper illustrate well the folly of *savans* and the unfitness of scientific men of the spirit which generally prevails for the cultivation of Anthropology. Medical professors almost everywhere have discarded the study of Phrenology as a regular department of Medical Science, and when they give any attention to craniological subjects they appear to be out of their proper element.

Dr. Morton, for example, has spent a great amount of labor in measuring and depicting a number of skulls—and his costly work on national crania has given him a high reputation, but after all what is it worth? A living skull is worth in every respect more than a dead one, although it may not look so formidable or anatomical, and if Dr. Morton had measured a few hundred living heads, (which can very easily be done,) he would have done just as much for science as he has by his Craniological researches which have so much pretension. Indeed a living skull is vastly more useful to the student of Anthropology, because it is associated with a character and constitution which we can observe and understand. But the measurement of the skull of an unknown individual, however accurate it may be, cannot throw much light on Phrenology—such measurements are barren and unmeaning facts, scarcely worth the time spent in taking them. Had our medical professors occupied themselves in accurately measuring the heads of men of marked characters and of marked physiological peculiarities, there can be no doubt that they would have made contributions to science of great value; but they have generally scorned this simple direct road to the truth. A few hundred living heads properly selected as representatives of national characteristics, and properly measured would have been more instructive than any such craniological works as Dr. Morton's. But such investigations might have been reported in one respectable essay, and would not have made so voluminous and imposing work.

The statistics of Dr. M. are evidently quite fallacious, and worth less than the observations of a good practical phrenologist. For example, he makes American heads inferior in cerebral development to the English. This is a mere hap hazard conclusion. If a few large or small heads had been added to either of the two classes they would have changed the result. Heads from the north of Great Britain are decidedly larger than those from the south; the heads of the higher and more intelligent classes are generally larger than those of the lower class of laborers. So in the United States, larger heads will be found in the middle states than in the north or south. It is obvious, therefore, that it would be easy to select a group of heads which would represent incorrectly the national character, and that no measurements would be worthy of any regard in reference to national character, unless they were so extensive and

so carefully selected as to embody a fair average. The assumptions that the English brains are larger than the Anglo American, and the native African brains larger than those of the African race in the United States, are not warranted by the meagre collection of facts which is furnished by Dr. Morton's *Crania*. A respectable practical phrenologist could do more to settle such questions in one month by diligent measurements than has been done as yet by all our savans.

The idea referred to by the editor of the *Gazette*, that the intellectual powers are proportioned to the entire mass of the brain is not entertained by any phrenologist, or any one who has much knowledge of such subjects. The intellectual powers belong to the front lobe alone. It is not at all unreasonable or improbable that the modern Arabs of the desert have larger brains than the old Egyptians who built the mounds. These Arabs have greater personal force of character and animal energy than the hordes of slaves who were ruled by the old Egyptian monarchs. That the ancient Peruvians had smaller brains than our North American savages, is what we should expect from their character. They were a feeble and easily conquered race—certainly far inferior to our North American Indians in strength of character, although from the predominance of the frontal over the occipital organs they made a greater progress in civilization.

CORRESPONDENCE.—Dr. P., of South Bend, Ia., says: "I have been in this place since about four weeks after I left the Queen City, and have been doing a fine business—have treated from ten to twelve hundred cases since I came here with the loss of but one case—a child, which was in *articulo mortis* before I saw it.—Therefore I think I can say I have been very successful in practice so far, and have had no occasion to draw upon Homœopathy, but have found Eclecticism amply sufficient in all cases. I cannot but look back with pleasure to the all-important truths taught me by our esteemed and lamented friend, Dr. Morrôw. The good people in this part of the country are very favorable to Eclecticism."

Dr. B., who has been traveling in Ohio and Indiana, says: "I have found the universal cry of the people to be, 'send us an Eclectic physician.' I can designate a dozen or more places where a thorough going Eclectic could find a profitable situation."

T H E

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AMERICAN ECLECTICISM:

AN

INTRODUCTORY LECTURE.

Delivered by Professor J. R. BUCHANAN, on Monday evening, November 4th, 1860, in the Hall of the Eclectic Medical Institute.

GENTLEMEN:—We have assembled to-night under impressive circumstances. Of the corps of teachers of Eclectic Medicine who occupied these halls last winter, ALL have not again assembled. The oldest veteran of our corps, who bore the heaviest responsibility of this great enterprise is no longer with us. In the midst of his noble labors, he has been called away. From this life, which he devoted to the good of mankind—to the redemption of his fellow beings from the evils of pernicious medical errors—he has been promoted to a higher sphere of existence. His spirit will not be weighed down by any pressure of remorse in contemplating his past life. On the contrary he will look back to a long series of good deeds—to thousands restored to life and health by his wise ministrations, and to the healing knowledge widely diffused by his pupils. He has carried with him a vast fund of happiness in the contemplation of his past career—and as we are permitted to trust that the departed are not entirely unconscious of the progress of this life on earth—he may look down with blissful emotions upon the progress of that great cause of which he was the WESTERN HERO, which is still going on conquering and to conquer in the bloodless triumphs of benevolence and peace. In contemplating his career we may learn a lesson which it impressively teaches—to fix our aims in the outset of life upon a lofty object and pursue it with an unwavering firmness—never regarding the popular disapprobation, silently whispered around us, or gathering in stormy opposition, but going on bravely in the consciousness that the right must ultimately triumph.

Such was his course, and the memory of MORROW is richly embalmed in our hearts!

GENTLEMEN, we have again assembled to perform the arduous task of reviewing and becoming familiar with the immense mass of facts and principles, which constitute the science of medicine.

As medical men it will be our duty hereafter, to stand up with all our armor between our friends and the terrible assaults of every devastating pestilence, or insidious disease which many assail their lives. The lives and the health of thousands of our friends and fellow citizens, depend upon the preparation which we make this winter, to shield them from suffering and death by our medical resources.

Under this solemn responsibility, we act—and every day that is lost, every hour that is unprofitably spent, must impair our skill, and must to that extent, endanger the health or the lives of those who are to be entrusted hereafter to our care.

He who assumes these solemn responsibilities, and trifles away his time by idleness, or studies his profession carelessly, no matter what may be his personal virtues, is guilty of a gross dereliction of his duty, and like the sentinel who falls asleep on his post—he must be regarded as a *criminal*.

But you know the value of time; you know that you have not an hour to spare, and that you have only a limited time to prepare yourselves for the responsibilities of the profession: I trust therefore we shall all go to work this winter, as Nelson's sailors went into battle under the inspiring motto, "England expects every man to do his duty."

And in these walls gentlemen, we expect something more than is usually expected in a medical school, we do not ask of you merely to follow implicitly in the footsteps of your predecessors, and to master the details of a particular mode of practice. We ask you to perform the more difficult part of medical philosophers; we ask you to study and compare the various doctrines found in the text-books of our profession and with discriminating sagacity to select the good and reject the evil. We ask you not merely to be learners by memory, but to exercise all your reasoning powers in an impartial manner. We ask you not only to learn how to practice, but to understand all the reasons for the method, which you adopt. We ask you not only to learn the common resources and principles of the medical profession, but to learn a great many resources and principles not found in your text books.

We therefore most earnestly hope that you will appropriate these four months of our session daily and nightly to your studies, and to nothing else; and as it is impossible to master the knowledge to be acquired in a single course of lectures, our laws imperatively require two courses, and as it is very difficult indeed even for the best disciplined to acquire a perfect or an accurate knowledge of

medical science in two courses, we most earnestly hope that you will not stop short of attending three full courses of medical lectures.

Do not think this too much. For a common country practitioner, desiring only to make a living by his trade, like a farmer or mechanic, two courses may be enough, but for the man who aims to excel—to honor himself and to do good to his fellow beings, three courses are little enough. The most eminent men in the medical profession have generally spent a greater time than usual in their course of studies, and attended several of the best schools and hospitals, before they felt prepared for their high calling.

It is not merely to support yourselves and to benefit your patients that you should prepare; for you have other responsibilities to your country at large. You belong to what has been appropriately termed "*The Vanguard of the Army*,"—that portion of the medical corps whose motto is progression. You are participants in the great and benevolent enterprise of medical reform, and upon you it will devolve to carry the broad banner of *American Eclecticism* over this continent. Upon you it will devolve to carry out a new system of practice under the eyes of jealous and skeptical observers, and to be prepared to meet every test of your skill and knowledge. Upon you it will devolve to meet captious opponents and to prove not only by practice but by argument, that your doctrines are true, and that American Eclecticism is no crude theory.

Let us then understand clearly before we begin our winter's course what is American Eclecticism—what is it to be an Eclectic physician?

I cannot better illustrate the relative position of a philosophical Eclecticism and a one-sided system of medical philosophy, than by relating an anecdote which although old and familiar, is peculiarly adapted to our purpose. The story goes that in the olden time two valiant knights traveling to and from the Holy Land, came together in opposite directions at the crossing of roads, where stood a statue bearing a burnished shield. They paused to admire its sculpture and after a courteous salute one of them spoke admiringly of the statue and its golden shield. "Golden!" replied the other contemptuously, "it is but a silver shield, if I can see correctly." "It certainly is gold," was the reply, "whoever says it is of silver lies." "Then by St. George!" said his antagonist, "if you are no coward you shall meet me in combat." They withdrew to fight. As they were about to commence their tilt, an aged pilgrim came along, who asked why two good christian knights should make war on each other thus, when all their strength was needed for the foe. "The lie has passed," said the first knight, "my adversary has pronounced yonder silver shield to be of gold, and given me an unpardonable insult."

"Indeed," said the pilgrim, "and will you shed each other's blood for such a difference of opinion? The cause of your differ-

ence is this: you have traveled different roads, and have each, as you stood in different positions seen but one side of the shield. To you it appeared as silver—to him as gold—but know, sir knight, that I have dwelt upon this spot, and I have often looked upon both sides of the shield. I know that what you say is true, and also what your opponent says is equally true.” “True!” said the knight indignantly, “if you endorse what my opponent says, you endorse the insult and the lie, and unless you leave this ground immediately with your insulting mediation, I will transfix you with my lance.” The old man grieved in spirit, yet anxious to prevent the effusion of blood, resorted to the other knight, hoping to explain away the difference and propitiate their anger. But all was in vain. Each adhered to his one-sided view and fought for his dogmatic opinion. Neither would examine both sides of the question with Eclectic impartiality, nor listen to a fair explanation of their differences from a more philosophic mind.

Thus it is in the science of medicine. Our *materia medica*, like the gold and silver shield, presents two aspects—every drug is capable of acting either with the Homœopathic or with the Allopathic relation to disease. They who approach the subject from the road of old and common experience perceive distinctly the Allopathic aspect of therapeutics, while others who approach from the direction of subtle philosophy and novel experiment, perceive the Homœopathic aspect. Each party like the turbulent old knights refuses to recognize what the other sees, and contends that therapeutic science has but one true aspect. Each pronounces the other totally wrong, and falsehood, knavery and imposition are freely charged, while the harmonious Eclectic philosophy which looks upon all aspects of the question with impartiality is indignantly repelled by each, because it will not take part in their petty quarrel and endorse the ribaldry of either party against the other.

Eclecticism calmly tells them that each is in possession of a partial truth, but that both are in error when they deride and denounce.

Hence we perceive, an Eclectic physician is not an Allopathist nor a Homœopathist nor a Hydropathist nor a Chrono-Thermalist nor a Botanical nor a Mercurial physician. He is simply an independent practitioner of medicine, who is not willing to be classed and labelled with any restrictive and peculiar term. He submits to the name Eclectic, merely because it is a free, liberal term, which does not signify anything exclusive or sectarian, and which leaves him in the position of an untrammelled enquirer into all truth. He derives his claim to the title of Eclectic from the fact that he believes there is no system of doctrines ever established by man, which is not pregnant with truth, and that there is no class of medical practitioners who do not by their clinical experience acquire valuable knowledge; consequently he studies all systems and consults with all practitioners, and fraternizes with all honorable men in the pur-

suit of truth. He is willing to learn from every author, from every physician, from every human being. Therefore he may claim to be considered Eclectic.

Who then is, and who is not an Eclectic? He who gains the most extensive knowledge of his profession, of all its doctrines and resources, is the best Eclectic, and he is not an Eclectic who falls in with any author or party with so partizan a spirit as to denounce and to exclude from his respectful attention other writers or other systems; to denounce and exclude Homœopathic, Allopathic, Hydropathic, Botanic or Chrono-Thermal doctrines, is a violation of Eclecticism, and to adopt any one of these systems exclusively is still farther wrong.

In defining the positions of the various medical parties in the world, you perceive that this is an essentially new position. Consequently it requires a new name, and the name which I would propose for a true Eclectic system is a name expressive of its universal, comprehensive character. That name is *PANTOPATHY*.

It is the fashion to name systems of medical practice from the mode in which they cure, or from the agents which they apply to the treatment of disease. That system which uses remedies capable of producing results analogous to the conditions of the disease to be treated is called Homœopathic. All other systems which are not guided by this analogy are commonly called Allopathic, as they bring to bear upon the disease something capable of producing morbid phenomena different from those of the disease.

Looking to the relation between the disease and the remedy, we may say that philosophically speaking, there can be but three principal forms of this relation, or in other words, three methods of treating disease. The remedy must either directly oppose and overwhelm the disease, (which is Anti-pathy,) or it must coincide in tendency with the disease, (which is Homœopathy,) or it must take an intermediate course, and neither coincide nor oppose, but simply produce a different action or diversion as in counter-irritation. This method in strict propriety is called Allopathy.

Each of these methods is rational, and in practice each has been successful, for they have all been extensively tested.

To take the simplest illustration of the different methods of treatment, let us suppose a violent local inflammation to have arisen. The first and most obvious suggestion of common sense is to counteract the symptoms by an agency exactly opposite, to overcome the heat by cold, the pain by anodynes, the relaxation of the parts by astringents, and the debility, if it exist, by stimulants. Such is the common treatment, and we know that it is perfectly successful if correctly applied. But to simplify the matter let us look at one feature of the case alone. The inflammation is accompanied by heat and excitement, hence common sense suggests a cold and sedative application, or in other words, cold water or ice. By this

means we overwhelm and keep down the inflammatory action. But experience has also proved that if we can overwhelm inflammation antipathically by cold, we can as successfully relieve it Homœopathically by heat. Although caloric excessively applied would aggravate any inflammation, yet the gentle application of it which the Homœopathic law requires is decidedly curative. Thus by the application of warm water or steam we may control inflammation as well as by cold water or ice. If we adopt the antipathic treatment by cold, we must be steady, bold and efficient; in other words, our practice must be heroic, for if we are not efficient we aggravate the disease. If the cold is not efficiently applied it only stimulates reaction and urges the inflammation to greater intensity. If it is not kept up steadily, the inflammation may rally in the intervals and rise higher than ever. Or if it is discontinued too soon, the reaction will arise, and the disease assume its full force. The application therefore must be bold, firm, steady and lasting; just as if we had attacked a dangerous enemy, when we must not only knock him down, but keep him down and crush him completely, for fear that if we allow him to react and rise he will destroy us. Hence, as I said before, the antipathic practice is necessarily heroic.

But Homœopathic treatment is necessarily gentle. For if we apply a remedy coinciding with the disease, the more we give, the more the disease is aggravated. If we apply heat to an inflammation a heroic practice would be destructive, but if we apply it gently as in warm water or steam, it exerts a beneficial influence, and does not aggravate the disease.

Hence arises the broad distinction between Antipathic and Homœopathic treatment of disease. The antipathic must be heroic or it does no good; we only worry the disease and make it worse unless we give efficient doses and conquer it. But the Homœopathic treatment if it should attempt the heroic would be destructive—it does good only by its gentleness.

To illustrate this matter by a comparison,—a boy comes home from a quarrel in a furious rage, cursing and swearing vehemently. His father comes in and undertakes to check him on the heroic antipathic plan. He orders him to be silent, and threatens him with a flogging forthwith if he does not mend his manners and put on a more smiling countenance. If the old gentleman is a good practitioner with the rod, his antibilious prescription succeeds at once, although it is not very pleasant to the patient. But if the father is absent, the mother treats him homœopathically. She does not oppose him but listens to his story, pretends to get very angry herself with the boys who abused her darling son, and coincides with him so well that his excitement passes off and he is restored to good humor by the Homœopathic sugar-pill of his mother's sympathy; and there is no doubt that he prefers this method of treatment.

Or to take another illustration, let us compare a disease to a run-

away horse. If we wish to stop him, there are three classes of practitioners—first, the antipath steps into the middle of the road right before the run-away horse, seizes him by the bridle and heroically stops him on the spot, and leads him back to his place. The Homœopath having more dexterity than strength, runs alongside of the horse, takes hold of his bridle and runs on with him as fast as he can. As soon as he gets hold of the bridle, the horse slackens his speed, and in a short time he comes to a halt and quietly walks back with his dexterous Homœopathic master.

Another practitioner not so heroic as the Antipath nor yet so pliable as the Homœopath, rushes to the head of the horse and seizes the reins, but does not attempt to stop him at once, neither is he willing to run along with him. He turns him to one side, and changes his direction as fast as he can until he is completely turned, or perhaps he drives him into a corner of the fence where he is obliged to stop because his road has come to an end. Thus, the Allopathic practitioner controls a local inflammation by a cathartic acting on the alimentary canal—by a blister on some other part of the body, by an opiate, a stimulant or an alterative which does not act directly or inversely on the disease, but which changes the condition of the whole body and gradually changes the action of the morbid part. If a disease be located in the lungs or the spinal column, the Allopathic practitioner does not act directly on the morbid part with either the Homœopathic specific or the antipathic specific, but he endeavors to divert the headlong power of the disease from its existing channels and run it out to the surface where it must terminate because it can get no farther. He therefore applies a rubefacient or a blister or an irritating plaster over the chest or over the spine and after a time he finds that the morbid action has diminished at its original location and that the physiological and pathological activity is concentrating on the surface where it terminates its progress, leaving the patient free from his disease.

These are simple illustrations of the three great methods of therapeutics, Antipathy, Homœopathy and Allopathy; but these three methods are necessarily subject to variation and commingling. Thus the Antipathic plan cannot always be specifically antipathic, but must be more or less *Allopathic*. The Homœopathic prescription cannot always be strictly Homœopathic, but must often partake in some degree of the *Allopathic* character, and if we should attempt to carry out the Allopathic plan we would find all of our prescriptions leaning either to Homœopathy or to Antipathy.

Hence although the science or art of therapeutics may be theoretically divided into its Antipathic, Homœopathic and Allopathic departments, we shall find that practically no such division is possible. To make such a division is degrading to the intelligence and dignity of the medical profession. A thoroughly educated

medical man is acquainted with all the resources of his art and does not confine himself to any portion.

The attempt to subdivide the art of healing and establish different classes of practitioners has been made only in modern times and has not entirely succeeded nor can it ever succeed. The three great methods of healing disease have always been adopted by the medical profession and used indiscriminately, without any reference to their philosophic distinction, aiming only to cure the patient.

In modern times, Hahnemann discovered that one of these modes or laws of cure, viz.: the Homœopathic, was vastly more important and more susceptible of general application than any of his predecessors had supposed. He accordingly devoted himself with great boldness and assiduity to the investigation of the *materia medica*, and extended the applications of the Homœopathic law to the entire practice of medicine, excluding from his system of practice the Antipathic and Allopathic modes as unscientific and unworthy of preservation.

Had the labors of Hahnemann in the development of Homœopathic therapeutics been prosecuted in a more catholic or liberal spirit—had he been content to bring in his contributions to the great treasury of human knowledge without denouncing the labors of his predecessors, and disparaging all other laws but the Homœopathic, we might regard his career with unmingled admiration. Notwithstanding his error in this respect, we must ever regard him as standing high among the world's benefactors, among the diligent contributors to practical medicine, and the reformers of an old, unscientific and destructive mode of practice.

The leaders of the medical profession with their usual haughtiness and dogmatism, rejected the experimental investigations of Hahnemann, while he and his followers with similar dogmatism and prejudice rejected and denounced all other resources beyond the one great Homœopathic law, "*similia similibus curantur*."

But even the fierce bigotry which has attempted to draw the line between these two parties, cannot subdivide and separate our therapeutic resources. Homœopaths may vow that they will use nothing which is not strictly Homœopathic, and they may come very near to fulfilling their vow. The great body of the medical profession inaccurately called Allopaths may resolve that they will not countenance Homœopathy, and that they will be exclusively Allopathic, but in vain. The medical profession never has been, and never will be exclusively Allopathic. From the time of Hippocrates down to the present day every work upon the practice of medicine (excepting those of Hahnemann and his followers) embodies in its code of practice the three great laws of Antipathic, Homœopathic and Allopathic therapeutics. Never until the time of Hahnemann was a medical practitioner limited to one of these laws of cure.

Homœopathy then, so far from being the exclusive property of that sect which has become so infatuated with its beauty, is, and always has been and always will be, the common property of the profession. We act upon the Homœopathic law when we relieve inflammations and fevers by warm water or the vapor bath—when we relieve vomiting by ipecac or lobelia—when we cure a diarrhœa by a cathartic—inflammations by stimulants, cholera by sulphur, agues by quinine, small-pox by vaccination, dysentery by podophyllin, drowsiness or coma by opium, delirium tremens by brandy, rheumatism by cold water, night sweats by diaphoretics, cholera by camphor, rheumatism by macrotin, &c., &c.

If we should carefully review the system of potential drug practice which has been taught in this school, we should find that a large portion of it was decidedly Homœopathic, and if we should examine the therapeutic system of any of our popular text books of practice, we should find a great number of Homœopathic prescriptions.

How absurd then must it be for medical men to allow themselves to be separated and circumscribed by the artificial distinctions of party spirit; to be labelled Homœopathic or Allopathic, when from necessity the great body of the profession always have used and always will use the three great curative laws whenever and wherever they deem either law the best adapted to the case. American Eclecticism repudiates all such restrictions and endeavors to reach the quickest, best and surest cure for the patient, no matter whether it be by the Antipathic, Homœopathic or *Allopathic* law, or by no law at all that human philosophy has yet discovered. Our business is to cure our patients, not to indulge in any stubborn prejudice which may interfere with our success. It has been by the indulgence of such prejudices that the medical profession has been kept back from its proper progress, and whenever we indulge them we cease to progress and fall into the old quagmire of medical hunkerism which has heretofore engulfed the strongest minds of the profession and rendered their labors of so little avail for human welfare.

Casting aside all the trammels of authority, of sect and of party, American Eclecticism aims to be in its philosophy all comprehensive or Pansophic, and in its practice boldly and unqualifiedly Pantopathic.

We claim it as our duty and our right to use all the resources which God and Nature have placed within our reach—all the resources of the Universe that we can understand and use for the relief of disease.

Yet, so limited are the powers of the human mind, and so imperfect is the present crude condition of medical science, it is almost impossible to render a medical college truly a Pantopathic school of medicine, in which all of its pupils should be thoroughly instructed in all the resources of therapeutics. The most that can be done at present is to teach the proper use of those therapeutic

agencies to which we attach the greatest value, and with which we have the greatest familiarity. Few medical graduates accomplish more in their collegiate course than to attain a mastery of the most essential portions of professional knowledge. Hence, however extensive may be our conceptions of Pantopathic medicine, we can do but little more at present than to lay the foundation upon which the physician may build in his subsequent career. We can familiarize his mind with the physical and mental constitution of man in health, with the principal features of his various diseases, and with the best methods of potential treatment by medicine. We can impart the true liberal philosophy of the art of healing and show in what manner to receive and profit by a vast variety of resources which may not be comprised in a course of medical lectures, and the thorough mastery of which requires all the energies of a long and industrious life.

When I say that it is impracticable at present to impart successfully all the resources of the healing art, I speak from experience. We have made the attempt during our last session to give to our course a more extensive encyclopediac character, but we have found the task too severe—the course too extensive. We have fallen back within the limits of what can be more easily accomplished, and I believe the change is generally gratifying to those who are seeking the acquisition of professional knowledge.

But although it may be impracticable at present, it is not essentially, by the laws of nature, impracticable to give to a collegiate course of instruction a true PANTOPATHIC character. On the contrary, if medical science were more philosophically arranged and understood, a truly Pantopathic course imparting more extensive knowledge would be but little more laborious than the course of instruction which is now attempted. I earnestly hope to see the time ere long when all the resources derived from Homœopathic, Neurological, Hydropathic and Chronothermal researches may be harmoniously presented, and successfully learned in a single course of instruction. This cannot be done by bringing together the exclusive partizans of the different systems, but must be accomplished by surveying them all from the Eclectic position of an impartial philosophy, and giving to each its proper connection in a Pantopathic system.

The accomplishment of such a task, would place the Eclectic system in marked contrast to the systems of exclusiveness which now prevail. And it is only by continual progress that the Vanguard of the Army can maintain the post of honor. A considerable number of the supporters of Old School medicine claim, at present, to be Eclectic, and the name will become still more fashionable. All of the present peculiarities of American Eclecticism are beginning to find some sympathy in the ranks of Old School medicine. The native *materia medica* is investigated by commit-

tees of medical societies—the abuses of routine practice and heroic remedies are generally deprecated—the mercurial panacea is losing its hold upon the affections of practitioners as well as of the people—physicians are beginning to discover that cholera and typhus fever do not necessarily require calomel, and that bathing is a very important therapeutic resource. The President of the American Old School National Medical Association was pleased to announce the increased use of cold water, and the diminished use of calomel. The abuses of mercury, iodine, cantharides, antimony, the lancet, &c., have been frequently examined and general depletion by the lancet is manifestly losing a great amount of its popularity. In the last American Journal of the Medical Sciences, Dr. Dietl's statistics are reported, showing that out of three hundred and eighty cases of pneumonia, treated partly by bleeding alone, partly by tartar emetic alone, and partly by diet and rest alone, the lancet lost over twenty per cent., and tartar emetic lost over twenty per cent., while diet and rest, or nature alone lost only about seven per cent.—in other words, both antimony and the lancet, not only proved to be entirely useless in the treatment of pneumonia, but each of these agencies prolonged the duration of the disease, and rendered it nearly three times as fatal as it would have been by relying upon nature alone. When facts like these are published in the leading medical journals, it is obvious that the spirit of Eclecticism is beginning to pervade the old professional ranks.

Yes gentlemen, a new spirit is beginning to pervade all ranks, and medical science partakes of the stirring influence of modern progress. It is learning to drop its barbarisms to depend on something else besides the lancet and the knife, mercury, antimony, arsenic, lead, copper, and a very scanty supply of the most heroic drugs, arbitrarily chosen—learning to use a few of the innumerable safe and gentle agencies which the great Creator has lavished around on every hand—learning to use the health-giving waters which spring from our hills, and the potent but safe medicinal plants which are scattered in boundless profusion on every plain, and mountain side and valley throughout our country—each leaf and flower and root pregnant with healing power for the sick—each plant, indeed, like a special messenger from Heaven, an angel sent to relieve some form of human suffering—standing there on the hill-side, as the rainbow stands in the Heavens, the beautiful emblem of the kindness of the Creator—and every year it comes forth again in all the beauty of its form, full of medicinal balmy juices, waiting patiently for the time when the true physician shall come and reveal its powers to man, and enable it to fulfill its great mission of benevolence to mankind.

More than ten thousand such angels adorn our hills and valleys, and patiently bide the time when man shall be sufficiently enlight-

ened to understand and receive the benevolence of God, which streams forth like the light of the sun to all lands, and requires only that we shall open our eyes to receive and enjoy its brightness.

And our eyes are being opened—opened to a new world of wonders. The people of the present generation are learning every year the folly of antiquated dogmatism—and the grandeur of the destiny which the Creator is developing for man by his unceasing law of progress. We are learning, too, that our would-be oracles and wise men, who assume to be the leaders of mankind, are but blind guides in our new career. The great men of the generation which is not yet passed away, laughed at poor John Fitch, of Kentucky, and Rumsey and Robert Fulton, when they built their steamboats, but we have lived to see these floating palaces bearing millions of wealth throughout our country—bearing an inland commerce greater than that of Carthage and of Rome, and all the cities of the Mediterranean Sea. And when it was proposed a few years since to cross the ocean with these steamships, the learned Dyonisius Lardner and others demonstrated that it was utterly impossible; but other men, who were neither Doctors of Divinity nor Doctors of Law accomplished the task and crossed the ocean by steam.

I can remember, too, when it was thought by our rulers a very impracticable thing to carry goods and passengers by railroads and by steam cars, yet soon these roads were built, and now they are binding nations together, and girdling the world around with iron, and soon we shall hear the whistle of the steam car in our streets, which starts from the Atlantic Ocean and rushes on its iron way, swifter than the winds, to the Californian coast of the Pacific Ocean, scaring away on its track the wild buffalo of the plains, and the gray eagle of the Rocky Mountains disturbed in its ancient solitude.

And I can remember, for it was just twenty-five years ago, when railroads and locomotives were visionary things, that my father built a steam engine and fastened it to the body and wheels of a wagon, and drove it by steam through the streets of Louisville—about *three miles an hour*—the wonder of the multitude.

Now rail cars fly thirty miles an hour, and before the public mind is entirely at ease as to outstripping the wind, the magnetic telegraph is built, and sends intelligence swift as the light of the Sun from city to city, and already it is proposed to connect Europe and America by the magnetic link across the Atlantic Ocean.

But while mineral magnetism thus brings distant lands together, the magnetism of the living mind is speedier by far. The exalted intellect of man in clairvoyance needs no metallic wires to lead it to any portion of the world. The clairvoyant watches the fate and describes the condition of friends in distant lands. He trans-

cends the bounds of time and space, tells you the past history of your own life—reveals the form and features of your departed friends—and looks deeply, not only into your mind, but into the interior constitution of your body, and the diagnosis of your diseases. Clairvoyance was, and still is pronounced a delusion by the world's would-be leaders, but it still exists, and manifests daily its wonders. As Gallileo, when condemned by the Inquisition for his astronomical doctrines, stamped his foot on the earth, and exclaimed, "It still moves," so we may say of clairvoyance, it still moves on in its destined mission to enlighten man.

About twelve years since, I believed it possible to improve the art of painting by making the sunlight paint an image. In a short time, before I had made any experiments, Daguerre had made his discovery, and now Daguerreotypes or Talbotypes are taken on paper almost as fast as by printing. I turned my thoughts to another channel, and in four years from that time, I discovered that mental daguerreotypes might be obtained by placing the autograph of any writer upon the forehead of one of an impressible constitution. The wise leaders of the world, of course, do not believe at once, but the enlightened and liberal receive the truth. The distinguished poet and divine, Pierpont, has beautifully expressed his opinion of Psychometry in the following lines, from his poem on Progress. In this poem, which was delivered at the hundred and fiftieth anniversary of Yale College, he refers to the various great inventions and improvements of modern times, and after alluding to Daguerre, refers in a more complimentary manner to myself and to the art of Psychometry, which he considers as far superior to Daguerreotypy as mind is to matter. Of Psychometry he says in conclusion :

"Mysterious science! that has now displayed
'How fearfully and wonderfully made'
Is man, that even his touch can catch the mind,
That long has left material things behind!
Fearful the thought, that when my clay is cold,
And the next Jubilee has o'er it rolled,
The very page that I am tracing now,
With tardy fingers and a care-worn brow,
To other brows by other fingers prest,
Shall tell the world, not what I had been deem'd,
Nor what I passed for, nor what I had seem'd,
But what I *was*! Believe it, friends, or not,
To this high point of *progress* have we got,
We stamp ourselves on every page we write!
Send you a note to China or the pole—
Where'er the wind blows, or the waters roll—
That note conveys the measure of your soul!"

Fifty years ago Gall was laughed at for studying the skull and talking of Craniology—now Gall's anatomy of the brain is an established science—and phrenology is established in the public mind.

Ten years ago, the Gallian Phrenology was the limit of human progress. In '41 I announced the discovery that the organs of the human brain could be excited and made to reveal their true character. It was regarded as a hoax, and scientific journals refused to publish the narrative. The story was pronounced miraculous; but the excitement of the organs of the brain has since been demonstrated, publicly and privately, throughout Europe and America, and now we recognize an almost illimitable number of organs in the human brain, and Phrenology is no longer a science of probabilities—it is now a science of experimental accuracy.

A time was, we recollect, when operative surgery was a work of blood, and pain, and horror—but for many years, mesmerised patients have escaped all pain, and wake up to find their limbs cut off as in a dream, and in the last three years, we have acquired the power of conveying all to the land of dreams (by anæsthetics) to rest unconscious of the surgeon's knife, and wake up restored.

Fifty years ago, the abuses of heroic medicines and the murderous career of the knife and lancet were flourishing in all their glory—but a German physician arose, and demonstrated, by practice, that he could lay aside all of these heroic agencies, and neither bleed nor blister, nor give any perceptible medicine, yet cure his patient with nothing in the world but the smallest possible sugar pills, charged with some mysterious quality, by a new process. His plan was tried by physicians, hospitals and governments, and universally patients got well twice as fast as they did under the old heroic practice.

And as if this were not enough to confound the learned men who govern and mislead the world, we have since seen a man without any medical education rise up on a farm in Silesia, and, without using a single medicine, with nothing but water and a wet sheet, surpass in curative skill all that the medical world had done up to that time. Physicians, Lords, princes and Philosophers obeyed his mandates and were cured. And now let me ask if all that the learned physicians of the world had done for several thousand years with pills and potions, drugs and chemicals, colleges and libraries, was thus eclipsed by a poor German peasant with a tub of water,—is it not time to lay aside the lumber of antiquity and the false guidance of those who assume to be infallible, and who are always wrong in reference to every great scientific improvement.

I trust there will be another and a greater revolutionary movement on this continent.

We have had in Europe and America colleges and libraries with-

out number, liberally endowed and devoted to the healing art—yet Priessnitz with his tub of water could eclipse their most learned graduates in the art of curing disease. The pomp and learning of the ancient profession have signally failed—if we are ever to have a true medical college, it must be by coming nearer to nature, and by original observations. It must be among the untrammelled spirits of young America that a true science of healing shall be born.

Fifty years ago the red man and the wolf had their home here on the north of the Ohio river. Thirty years ago I wandered on this spot—then a green common north of the city, which lay nearer the river. During those thirty years since my childish feet trod this ground, a city has sprung up which bids fair to be the inland metropolis of the continent. During those thirty years a system of medical practice has sprung up which bids fair to take possession of this continent. That system of practice has established its collegiate halls here in the centre of this city. Both are young and their resources undeveloped. Both are American and aim to lead America. Both are in a medium position, between north, south, east and west—between Homœopathy, Antipathy, Allopathy and Hydropathy.

And this great central city, and this great central system of medicine, are destined to flourish together. Our college has been chartered five years, and already, out of about forty medical colleges in the United States, we have in numbers surpassed thirty-five, leaving only five of larger dimensions.

In a few more years we hope to rise beyond all competition, and to render this college of American Eclectic medicine, beyond all dispute, the leading medical college of the land, and with your efficient and zealous assistance, gentlemen, we hope to accomplish this great enterprise, before our first gray hairs have warned us of the lapse of time.

NOTE.—In the foregoing lecture the terms Allopathy, Homœopathy and Antipathy are used in their strict scientific sense. Popular usage has appropriated the term ALLOPATHIC to the doctrines and practice of the old school party, yet as this designation is manifestly very erroneous, it should be avoided by medical men. Both the old school and the new school or Eclectic systems embrace the three great laws of therapeutics. They should be distinguished, therefore, by other terms, as Old School and New School, Conservative and Progressive, Mercurial and Eclectic, Hunter and Radical, &c.

Part 2.---Miscellaneous Selections.

COMPARATIVE VALUE OF SULPHURIC ETHER AND CHLOROFORM.

BY W. T. G. MORTON, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

It is now nearly four years since the first demonstration, by myself, that the inhalation of sulphuric ether possessed the remarkable property of annihilating pain during dental and surgical operations, and that this inhalation was attended with no risk to life. The use of this agent may now be fairly considered as an essential preliminary in all operations, or conditions of the system, in which pain forms an important element. After the first experiment on myself, in the middle of September, 1846, I waited impatiently for some one on whom I could make a more extended trial. Towards evening, a man residing in Boston, whose certificate I have, came in suffering great pain, and wishing to have a tooth extracted. He was afraid of the operation, and asked if he could be mesmerized. I told him I had something better, and saturating my handkerchief gave it to him to inhale. He became unconscious almost immediately. It was dark, and Dr. Hayden held the lamp, while I extracted a firmly-rooted bicuspid tooth. There was not much alteration in the pulse, and no relaxation of the muscles. He recovered in a minute, and knew nothing of what had been done to him. This was on the 30th of September, 1846. This I consider to be the first demonstration of this new fact in science. As soon as the man whose tooth I had extracted left my office, I consulted Dr. Hayden as to the best mode of bringing out the discovery. We agreed it was best to announce it to the surgeons of the Hospital; but as some time would elapse before an operation, I thought it best to procure some assurance which would induce my patients to take it. I therefore called upon the man who had taken it, and found him perfectly well. *I then called on Dr. Warren, who promised me an early opportunity to try the experiment.*

In the mean time I made several additional experiments in my office, with various success. From them I select the following, as examples of its varied effects:

I gave it to a lady, but it produced no other effect than drowsiness, and when breathed through the apparatus it produced suffoca-

tion. I was obliged to abandon this mode, and obtaining from Mr. Wightman a conical glass tube, I inserted a saturated sponge in the larger end, and she breathed through that. In this way she seemed to be in an unnatural state, but continued talking, and refused to have the tooth extracted. I made her some trifling offer, to which she assented, and I drew the tooth without any indication of pain on her part, not a muscle moving. Her pulse was at 90, her face much flushed, and after coming to she remained a long time excessively drowsy. From this experiment, I became satisfied of what is now well proved, that consciousness will sometimes remain after sensibility to pain is removed.

I afterwards gave it to a Miss L., a lady of about 25. The effect upon her was rather alarming. She sprang up from the chair, leaped into the air, screamed, and was held down with difficulty. When she came to, she was unconscious of what had passed, but was willing to have it administered again, which I did with perfect success, extracting two molar teeth.

Agreeably to his promise, on the 16th of October, Dr. Warren requested my presence at the Hospital to administer the ether to a patient who required an operation on the neck. I applied the apparatus for about three minutes, when the patient sank into a state of insensibility. An incision three inches long was made in the neck, and a difficult dissection among the important vessels and nerves of this region was commenced, without any expression of pain. Soon after, he began to speak incoherently, and appeared to be in an agitated state during the remainder of the operation. On asking him if he had felt any pain, he replied in the negative, adding that he knew the operation was proceeding, and compared the knife to a blunt instrument passed roughly across his neck.

On the next day, October 17th, a tumor was removed from the arm of a female at the Hospital, by Dr. Hayward. In this case I continued the application during the whole of the operation, which lasted seven minutes; there was no sign of pain, though there were occasional groans during the last stage, which she said afterwards arose from a disagreeable dream.

I continued to administer the ether in my office; the following cases which occurred successively there, in about an hour, of which Dr. H. J. Bigelow took the following notes, are good examples of the usual results produced by the inhalation of ether, and of the feelings and expressions of patients under its influence:

"A boy of 16, of medium stature and strength, was seated in the chair. The first few inhalations occasioned a quick cough, which afterwards subsided; at the end of eight minutes the head fell back, and the arms dropped, but owing to some resistance in opening the mouth, the tooth could not be reached before he awoke. He again inhaled for two minutes, and slept three minutes, during

which time, the tooth, an inferior molar, was extracted. At the moment of extraction the features assumed an expression of pain, and the hand was raised. Upon coming to himself he said he had had a 'first-rate dream—very quiet,' he said, 'and had dreamed of Napoleon—had not the slightest consciousness of pain—the time had seemed long;' and he left the chair, feeling no uneasiness of any kind, and evidently in a high state of admiration.

"A girl of 16 immediately occupied the chair. After coughing a little she inhaled during three minutes, and fell asleep, when a molar tooth was extracted, after which she continued to slumber tranquilly during three minutes more. At the moment when force was applied she flinched and frowned—raising her hand to her mouth, but said she had been dreaming a pleasant dream and knew nothing of the operation.

"A stout boy of 12, at the first inspiration coughed considerably and required a good deal of encouragement to induce him to go on. At the end of three minutes from the first fair inhalation, the muscles were relaxed and the pupil dilated. During the attempt to force open the mouth he recovered his consciousness, and again inhaled during two minutes, and in the ensuing one minute two teeth were extracted, the patient seeming somewhat conscious, but upon actually awaking he declared 'it was the best fun he ever saw,' avowed his intention of coming there again, and insisted upon having another tooth extracted upon the spot. * * *

"The next patient was a healthy-looking, middle-aged woman, who inhaled the vapor for four minutes; in the course of the next two minutes, a back tooth was extracted, and the patient continued smiling in her sleep for three minutes more. Pulse 120, not affected at the moment of the operation, but smaller during sleep. Upon coming to herself, she exclaimed that 'it was beautiful—she dreamed of being at home—it seemed as if she had been gone a month.' "

Early in November, 1846, I applied to Dr. Hayward, for leave to administer it in a case of amputation, which I learned was to take place at the Hospital. The surgeons of this institution, in accordance with the established principles of the profession, which forbids them to use or encourage the use of any preparation of the composition of which they are ignorant, declined its use till informed of its composition. I immediately wrote to Dr. Warren, disclosing the whole matter, and presenting to the Hospital the fullest right to use my discovery for the benefit of the institution. Accordingly I administered the ether on the 7th of November to a female patient at the Hospital, on whom Dr. Hayward performed the operation of amputation of the thigh; it was entirely successful in preventing pain, the woman asserting that she had been wholly ignorant of the operation. On the same day I administered it in a long and painful operation performed by Dr. Warren, of excision

of a portion of the lower jaw, in which the patient's sufferings were very much lessened.

On the 12th of November I administered ether to a patient from whom Dr. J. Mason Warren removed a tumor of the arm; the vapor was inhaled for three minutes, when insensibility came on; the inspiration being continued, the patient was entirely tranquil during the whole operation.

On the 21st of November, I again administered it to a patient of Dr. J. Mason Warren, from whom he removed a tumor covering nearly half of the front of the right thigh; the operation was completed in two or three minutes, though there was some struggle during it; after its completion the patient remained quietly on his back, with his eyes closed. After he had lain about two minutes, Dr. Warren roused him by the inquiry, "How do you do to-day?" to which he replied, "Very well, I thank you." He said he believed he had been dreaming; he dreamed that he was at home, and making some examination into his business. "Do you feel any pain?" "No." "How is that tumor of yours?" The patient raised himself in bed, looked at his thigh for a moment, and said, "It is gone, and I am glad of it." It was then inquired if he had felt any pain during the operation, to which he replied in the negative. He soon recovered his natural state, experienced no inconvenience from the inhalation, was remarkably free from pain, and in three days went home into the country.

After the claims of ether had become fairly established, another anæsthetic agent, *chloroform*, was introduced by Prof. Simpson, of Edinburgh, as a means of destroying the pains of parturition. This new agent soon created a strong impression in its favor, and has been by many substituted for ether. Its alleged advantages are its more rapid and intense action, its smaller dose, and its more agreeable taste and smell. Extensive trial, both in this country and in Europe, has, I think, proved its great dangers; several deaths have been caused by it, while there is no well-ascertained fatal result traceable to ether. For this reason, many surgeons, and among others Dr. George Hayward, of this city, have denounced chloroform as dangerous, given up its use, and returned to sulphuric ether with increased confidence.

The question, then, is that of the comparative *safety* of sulphuric ether and chloroform. This question can only be settled by experience, and by comparing their effects on the system; such experience has been accumulated to a great extent, and it is the object of these pages to show that the conclusions drawn from it prove the great superiority of sulphuric ether to other anæsthetic agents. My own experience in the application of the former, which has been considerable, and probably unsurpassed by any in extent and freedom from accidents, will supply abundant materials for its full consideration. For the effects of chloroform, I shall depend on the published accounts of the best authorities.

To make a just comparison, it will be necessary to say a few words on the physiological and pathological effects of ether and chloroform.

Though the general effects of ethereal inhalation are similar in nearly all cases, yet certain idiosyncrasies, or certain conditions of the system, modify the phenomena, as they do of all other medicinal agents. Instead of quiet and sleep, you often see excitement, agitations, or even slight delirium. In some cases small doses will etherize, in others it requires a large dose to produce unconsciousness. Sometimes, while pain is annihilated, the intellect and the senses are unaffected; the circulation, respiration, muscular action, secretions, and consequent phenomena, are variously modified. Besides idiosyncrasy, no doubt many of these anomalous or discordant phenomena are owing to improper quality or quantity of the ether, or some defect in the manner of administration. It is of the first consequence that the ether should be *pure* and highly concentrated. As a general rule, about two ounces should be used to begin with, this being sufficient for full etherization in most cases; and it is better to induce this rapidly by a large dose, than gradually by a succession of small ones. To secure a due proportion of atmospheric air to the lungs, a simple bell-shaped sponge is preferable to complex inhalers. Early experiments were attended with disagreeable results, from the supposition that it was necessary to inhale ethereal vapor alone, instead of atmospheric air charged with this vapor. The effects of ether are usually produced in from three to five minutes. On removing the sponge, and allowing the introduction of pure air, recovery takes place in about the same time. That there is no danger in prolonging the state of etherization for a considerable period, the records of midwifery fully prove. After recovery from this state, the brain and nervous system are rarely inconvenienced by the excitement, if the ether have been pure; even headache is uncommon, and nausea or vomiting, delirium, or convulsions, are quite rare, unless it is inhaled soon after eating.

The symptoms indicate two distinct stages of etherization, or rather the complete and the incomplete. As the latter is all that is required for the dentist's operations, in which no important nerves or vessels are wounded, it is important to be able to recognise it. After the cessation of the slight cough which leads the patient to reject the sponge, the respiration becomes more rapid and audible; the pulse is natural, or slightly accelerated; the pupils are unaffected; the muscular apparatus is somewhat excited, and the movements more or less disordered; the inspirations become deeper, till at last insensibility comes on. In this stage we meet with the most curious affections of the intellectual and sensitive functions, in which sensation is destroyed while the intellect is untouched, the pain perceived but not recollected, or the will active and the power of motion lost. These are now known to be cases of incomplete etherization. The completed stage is characterized by a perfect relaxa-

tion of the muscular system; the pulse becomes slow; the pupil often dilated; the respiration often snoring. The sign to suspend the application is the diminished force and frequency of the pulse, and even before this, the muscular relaxation.

Ether undoubtedly acts in the first place as a stimulant, and finally as a narcotic. Magendie and Orfila have offered strong reasons for believing that the anæsthetic state is analogous to intoxication from alcohol. Both produce the same excitement and subsequent insensibility; both act principally on the nervous system through the medium of the circulation; both may be detected in the blood by undoubted tests. It may, then, be called an intoxication, quickly produced, and as quickly disappearing.

Much has been written by physiologists on the order in which the various parts of the nervous system are affected; and there seems to be some discrepancy of opinion at the present time. M. Flourens, (in a memoir before the French Academy in Feb., 1847) maintained that the action of ether on the nervous centres is in the following order: the *cerebral lobes* first are affected—in other words, the seat of the intellect; then the *cerebellum*, when *equilibrium* of motion is lost; then the *spinal marrow*, with loss of sensation and afterwards of motion; finally, (if the experiment be carried to this extent) the *medulla oblongata*, cessation of respiration, and death.

My own experience leads me to adopt very nearly the conclusions of Dr. Brown, that the various parts of the nervous system are affected, in cases of complete and normal etherization, in the following order: 'The *cerebellum* first, then the *cephalic ganglia*, the *true spinal marrow*, the *ganglia of special sense* and the *cerebro-spinal system*, and lastly the *cerebrum proper*; though it is not probable that the *cerebrum* is ever fully etherized, from the occurrence of dreams; total insensibility of the *cerebrum* would be nearly equivalent to death, or complete etherization of the *medulla oblongata*.

It has been a question whether ether produces its effects through the nervous or vascular systems. The first (*stimulant*) effect of ether is without question due to the conveyance of its action by the *par vagum* to the *medulla oblongata*, causing increased respiratory movements and quickened pulse; but as far as experiments yet prove, the *narcotic* effects of ether are produced through the blood-vessels. This is easily understood when we consider the great extent of the internal pulmonary surface, its vascular net work, and the ease with which air is taken up; once introduced into the pulmonary blood, it would be very soon sent by the heart to the cerebral organs, and produce speedy narcotism. Unlike alcohol, ether taken into the stomach does not produce its specific effects. This has been proved by the experiments of Flourens; and this we should expect from the less extent and absorbing power of the gastric surface. Whether the ingestion of *ether vapor* into the stomach would be equally ineffectual, has not been proved; we know that the injec-

tion of the vapor into the *rectum* is speedily followed by insensibility.—See *Comtes Rendus*, *Avril*, 1847, p. 605.

When we consider the immense number of cases in which ether has been administered, and the exceedingly few and trifling accidents consequent on its use, we may fairly say that its inhalation is unattended with danger. I have administered it in thousands of cases without a single alarming result, to persons of every age, temperament, and condition of bodily health. The experience of Dr. George Hayward, of this city, is to the same effect. He says (*Boston Medical and Surgical Journal*, April 10, 1850,) "I have administered it to persons of all ages, of every variety of constitution, and in almost every state of the system, and I have never known in a single instance a fatal or alarming result. I have given it to infants of seven weeks old, and to individuals of 75 years, with entire success. There is reason to doubt whether death has in a single instance been produced by it, when it has been properly administered."

Its advantages as an anæsthetic agent are its perfect safety, the ease with which it is administered, and the absence of ill consequences. Nausea, vomiting, and irritation of the air-passages, rarely occur unless the ether be impure, or be improperly administered; excessive narcotism may be remedied by cold water externally, and stimulants internally, which will soon excite the respiration to free the lungs from the ethereal vapor. The pungent and disagreeable odor of ether is a trifling objection compared with its advantages over chloroform in point of safety. I may again quote Dr. Hayward in this connection, who says: "I should give it the preference over every other article with which I am acquainted, that is used for the purpose of producing insensibility."

I leave it to surgeons and physicians to speak the praises of ether in the various surgical, medical and obstetrical operations in which it is now universally used, whenever the relief of pain is an object of importance; I shall only allude further to a few results of my own experience in dentistry, which may not be uninteresting to the profession. I will here introduce a table showing these results for a short period of my practice, which will enable me to show the nature of the operations, the quantity of ether required, the time for producing and the duration of unconsciousness, with the general effects on patients of different ages and temperaments. [Table omitted.]

From these cases, forty-four in number, we see that both sexes are affected in the same manner; that ether may be given at all ages; that for ordinary operations the quantity required varies from one-half to two ounces; that insensibility is produced in from one to four minutes; that recovery takes place in less time, proportioned to the severity of the operation; that it is well borne by every variety of temperament; that the pulse, when affected at all, is generally slightly quickened, rarely slower than natural; and that for the most part

those under its influence remain perfectly quiet, and undisturbed by nausea or vomiting.

Chloroform, or the perchloride of formyle, which was at first extensively employed as a substitute for ether, till numerous fatal accidents led to its more limited use, was first brought into notice as an anæsthetic agent by Dr. Simpson of Edinburgh, who is entitled to the greatest praise for his scientific endeavors to improve our knowledge of anæsthetic agents. He says it possesses over sulphuric ether the following advantages:—it is more powerful, 120 drops being sufficient to produce insensibility; he has seen it produced “by six or seven inspirations of thirty drops of the liquid;” its action is more rapid and complete, and generally more persistent; it is more agreeable to the taste and smell. He might have added, if experiments then had allowed, that it is also *very much more dangerous*, and its very danger consists in its so-called advantages. We have reason to believe that the chloroform used by Dr. Simpson is a purer and superior article to that commonly used here; this may account for the favor with which he views it. To counterbalance its agreeable taste and odor, chloroform is of an acrid caustic nature, and is apt to excoriate the skin. According to Dr. Hayward, its administration is generally followed by headache and vomiting which continue for hours, with restlessness and want of sleep. Several cases came to his notice where it was taken in small quantity for dental operations, in which the brain and nervous system were affected to an alarming extent. Convulsions have frequently attended its use, as detailed by Dr. J. C. Warren (On Chloroform, Boston, 1848.)

The physiological effects of chloroform are of the same nature as those of ether, only greater in degree, more rapidly produced, less to be calculated on, and therefore more dangerous. That the partisans of chloroform were too hasty in maintaining that it always produces a calm sleep, without agitation or excitement (which was one of its alleged advantages,) we may quote the distinguished surgeon Roux, who (*Comptes Rendus*, Dec., 1847,) gives details of operations under its influence, performed by himself, in which the involuntary movements (in a state of complete insensibility) were so violent that they were with difficulty managed; in another case the patient's recovery was attended with the same excitement, disordered intelligence and loquacity, which have been set down as peculiar to ethereal inhalation.

Velpeau, though allowing the rapidity and certainty of its action, says that the duration of the insensibility is such as to render it dangerous in unskilful hands. A woman who had inhaled it for only two minutes, remained for eighteen minutes without giving the least sign of sensibility. Its strength is such that an animal dies under its influence in two minutes, that would require the influence of ether for twelve minutes. As a general rule, a *drachm* of chloroform is considered equivalent to an *ounce* of ether. The very fact of its

quick and certain action renders it formidable if prolonged carelessly; it is impossible to know exactly when to stop, and the fatal blow may be given before we are aware of the danger.

M. Dumas, the eminent chemist, considering the extreme power of this substance (see authority last quoted, p. 891) and its liability to abuse, remarked that chloroform ought to be classed among the *poisons*, whose sale is forbidden *by law* unless on the prescription of a physician; and recommended the police to attend to the subject.

These, and many other authorities which might be quoted, sufficiently attest the great danger of chloroform; and unfortunately there are many cases of *death* which can only be attributed to this powerful agent, though administered with care to healthy persons, in very small quantities, and by cautious practitioners. Even the death of a *single* individual should open the eyes of its advocates to the dangers of its use; but when upwards of *twenty* fatal cases can be clearly traced to the action of chloroform, it seems unjustifiable practice to submit a patient to its dangers, especially when we have in sulphuric ether an agent equally *effectual* and perfectly *safe*.

Malgaigne, in his Report to the French Academy, says that chloroform possesses a poisonous action peculiar to itself, which action, by being too much prolonged, may cause instant death; we can never be certain of being able to control it within the bounds which produce mere *insensibility*, when the passage from this to *death* is so sudden and so near.

Dr. Hayward, alluding to the undoubted fatal cases from the use of chloroform, says, "I know not how a conscientious man, knowing this fact can willingly take the responsibility and expose his patient to this fearful result."

To show the danger of chloroform, its power, suddenness of action, symptoms and morbid appearances, the table in Dr. Warren's work (above quoted) containing ten fatal cases, may be consulted with advantage. Of these ten cases there were four operations connected with dentistry, viz.: extraction of stumps, toothache, &c.; two had never used any anæsthetic agent before; while the third had used chloroform frequently without bad effects, yet she died instantly at last while under its influence—showing that previous use with impunity is no security against a final fatal result. The time of inhalation in most of the cases was about *one* minute, from a sponge, handkerchief or apparatus; the quantity varied from twenty drops to half an ounce; death ensued in two cases instantly, in the others in from one to ten minutes—showing the fatal issue cannot depend on the quantity inhaled, nor on the manner or duration of the inhalation, but on an instantaneous poisoning of the nervous centres. The symptoms in most of the cases were paleness of the face, discoloration of the lips, disordered respiration, extremely feeble pulse, with relaxation of the limbs, preceded in some by rigidity or slight

convulsions; in two cases, in which the heart and liver were enlarged, the face is described as of a livid hue. The morbid appearances varied according to the quantity used and the duration of its influence in most of the cases, though in some the poisonous action was so quick that the appearances could not be attributed to the influence on the blood: thus, congestion of the brain, heart and lungs, was found in some who had inhaled but a small quantity for a short period; while in others, under the opposite conditions, these organs were natural. A remarkable fluidity of the blood was a constant phenomenon. It is very evident that the cause of death is not asphyxia, but sudden poisoning of the nervous system, or an instantaneous paralysis of the heart's action.

In the same Journal (for Sept. 30, 1849,) may be found an interesting account by M. Robert, of the Hospital Beaujon, Paris, of four cases in which the administration of chloroform was followed by extreme agitation, in two of the cases ending fatally, as he believes, from pulmonary emphysema produced by this excitement.

Chloroform, injected into the arteries, causes in the muscles supplied by such vessels an increased amount of contractility, which may justly be called a partial and uninterrupted *tetanus*; and this it does by a special action on the muscular fibre, and not by any direct action on the blood or on the nerve. Experiments, going to prove this, may be found in the *Comptes Rendus*, for April, 1849.

As to the relative safety of sulphuric ether and chloroform, we may justly conclude, from the numerous data now existing in the annals of medicine and surgery:—

1. That there is an immense preponderance of testimony in favor of sulphuric ether, both during and after its application.

2. While there is but one case, and that not well ascertained, in which ether has been accused of producing fatal results, there are not less than twenty, and probably many more, in which the fatal result is clearly traceable to chloroform.

3. Chloroform has caused death in the young and the old, the strong and the weak, the healthy and the diseased; and cannot be said to be safe in any condition of the system.

4. Chloroform is much stronger and more prompt in its action than ether, and less volatile; which renders it impossible to calculate its effects, and difficult to avert danger in season to save life. The anæsthetic effects of ether gradually subside when its use is stopped; but the less volatility of chloroform often causes an aggravation of the symptoms, after the inhalation has ceased.

5. Chloroform may kill directly by its action on the nervous system and the blood, or indirectly by asphyxia.

6. There are certain idiosyncrasies, which cannot be known in advance, in which a very minute quantity of chloroform has produced, and will again produce, death.

7. In females and children, in whom there is generally a greater

susceptibility of the nervous system, the action of chloroform is quicker, more complete, and therefore more dangerous.

8. Chloroform has produced instant death from syncope, or cessation of the action of the heart; it is therefore extremely dangerous in cases where the heart's action is enfeebled by lingering disease, by fear, by valvular or aneurismal disease, by old age, by sudden or large losses of blood, or any other cause of weakness.

9. There is no reason for diminution of confidence in the *efficacy* and perfect *safety* of sulphuric ether; while there is unanswerable reason why chloroform should be abandoned, as its use involves the risk of a *fatal result*, which can neither be foreseen nor prevented, from the immediate suspension of the powers of life during its administration, or consequent changes in the nervous and vascular systems.

10. That while sulphuric ether will produce *safely* all necessary results expected of anæsthetic agents, no one is justified in submitting his patient to the risk of his life by using chloroform, simply because it is more agreeable, more powerful, cheaper, or more portable.

The above conclusions will apply to chloric ether as well as to chloroform, with a due modification for the inferior strength of the former, and for the fact that as yet no fatal effects have followed its use, as far as I know. Many surgeons speak highly of it as an anæsthetic agent, and are satisfied of its safety. But as *chloric ether* is a tincture of *chloroform*, or a mixture in variable proportions of the latter with alcohol, it must obtain its anæsthetic effects from chloroform. Alcohol cannot diminish the danger in idiosyncrasy or in conditions where chloroform has proved fatal. Though its odor is more agreeable, the quantity required to produce insensibility is as great as that of sulphuric ether, and the same time is required in both; it also irritates the skin, is more apt to produce nausea and vomiting, and greater disturbance of the nervous system. Says Dr. Hayward, "I cannot divest myself of the belief that chloric ether is an unsafe anæsthetic agent. * * * I fear that if it be used with the same freedom that sulphuric ether is, we shall soon have to record some very different results. * * * We cannot be by any means certain that death, when not looked for, may not follow its exhibition."

19 Tremont Row, Boston, Sept. 3, 1850.

On the Passage of Hydrogen through Solid Bodies.—M. Loyer states that he has passed hydrogen gas through gold and silver leaf, through double folds of tin leaf, and through thin laminæ of gutta percha obtained from a solution of the latter in chloroform. The same author, however, adds that he has not been able to effect its transmission through the thinnest plate of glass.—*London Medical Gazette*.

KOUSO FOR TAPE-WORM.

KING'S COLLEGE HOSPITAL.—*Continued success of the Kousso in promoting the expulsion of Tape-Worm.*

(Under the care of Dr. BUDD, and Dr. TODD.)

In former numbers of *THE LANCET*, have been cases noticed in which the Kousso was found very efficacious for procuring the expulsion of the *tænia solium*. This plant is now acknowledged to be so useful in tape-worm, that it seems almost unnecessary to adduce new cases; we shall, however, just sketch a few of those which were lately benefitted by the Kousso, as they present various features of interest.

The first case, as taken from Mr. Jordan's notes, runs as follows:—Rebecca R., twenty-two years of age, is a native of Wapping; she went to Devonport when seven years of age, but only stayed there about a fortnight, with this exception she has constantly lived in town, generally at Wapping, but about eighteen months ago she spent a year at Peckham. Patient's sister, who has been dead nine years, also suffered from tape-worm, which remained upon her to the time of her death. Patient likewise knows of a neighbour of hers in Wapping, close to her own home, who suffers from the *tænia*. This latter person and the above mentioned sister are the only people she knows to be thus affected. The water is supplied by the New River Company to the whole neighbourhood.

Patient was quite healthy until about two years ago, since which time she has had great pain in the side and stomach; her appetite was good, but she used to feel sick on first getting up; she had, however, no idea that she had harboured a tape-worm until a week before Christmas, when she first passed joints of it, and from that period, such joints have been passed almost every day.

Twice since she first noticed the joints she has passed long pieces of the worm, once after opening medicine, the other time without any such agency. She has never taken any turpentine nor any other remedy expressly for the worm.

Patient was admitted under the care of Dr. Budd, and took the Kousso at half-past nine in the morning the day after her admission; and, after taking a dose of castor oil in middle of the day, the worm was passed with a motion, at a quarter to five in the afternoon. This entozoon was nearly three yards in length, and the narrow segments approaching to the head were attached to it, though not the head itself. The medicine gave patient a slight feeling of sickness, which soon went off again. Her appetite was bad on the day she took the Kousso, and she felt weak. With the exception of the tape-worm, patient seems to have generally had good health, she has only a slight cough. Her mother and sister died of phthisis, but patient's appearance is remarkably florid and healthy.

The day after admission this woman left the hospital in good condition, without passing any more of the worm.

The second case was admitted under the care of Dr. Todd. The subject is a young woman, native of Scotland, *four months advanced in pregnancy*. She complained to Mr. Steele, the house-physician, that she was in the habit of passing long *round worms*, but when she brought the joint, which she had lately evacuated, they were found to be pieces of the *tænia solium*. When the nature of the worm was ascertained, the patient was admitted into the house, and took the Koussou in the morning; at seven in the evening she went home, and a quarter of an hour after she had reached her residence, she passed five yards of the worm.

The third case was sent to Dr. Todd from the country. The patient is a middle-aged woman residing at Bow, who took the Koussou at three o'clock in the afternoon, and left the house immediately afterwards, promising to bring the worm as soon as she should evacuate it. The next morning she brought a tape-worm measuring about six yards in length.

The fourth case, who was admitted under the care of Dr. Budd, is that of a man, about forty-six years of age. His health has, in general, been pretty good; last winter, however, he was attacked by cholera, and treated in King's College Hospital. Whilst labouring under this disease, patient did not pass any joints of the tape worm, though previous to his being visited by the epidemic he had now and then evacuated portions of the *tænia*. When convalescent, he took some oil and turpentine, and by the agency of this medicine he voided a few joints. From that period he continued passing joints, and was admitted under the care of Dr. Budd, May 3, 1850. Patient took the Koussou in the morning, and had two doses of house medicine during the day. At six o'clock in the evening, he passed a tape-worm of a very great length, since it measured nearly ten yards. The next day he voided a piece, six inches long, which came evidently from very near the head. It is to be regretted, as we stated before, that this medicine is so expensive; still, when it is considered how rapidly and effectually it promotes the evacuation of the *tænia*, the 17s. 6d. can hardly be looked upon as a high price; the more so, as, in hospital practice, the patients need stay in the house but a short time. It will be extremely interesting to keep an eye upon these patients, in order to ascertain whether the benefit is of a lasting or a temporary kind.—*Lancet*.

A FRUITFUL MOTHER.—The census taker in the western part of Scioto county, Ohio, informs the editor of the Portsmouth Dispatch, that he visited a family in which the mother had recently given birth to her *twentieth* child. He says it was a sight worth beholding to see the youngsters running about the house, ranging from small to great, like the pipes of an organ.

ON THE USE OF WATER-PILLOWS.

To the Editor of THE LANCET.

SIR,—I have been appealed to by Mr. Hooper, of Pall Mall East, relative to a letter which he has shown me in "THE LANCET" of a late date, with a comment of the editor upon it; and as he subjected himself to considerable expense, in the year 1846, in endeavoring, at my suggestion, to make a safe and durable water-cushion for various purposes, I feel that I ought not to refrain from stating that he then succeeded to my satisfaction, that since that time I have used it with great benefit in private, and have had several in use at St. George's Hospital for nearly two years, by permission of the governors.

Having thus done only justice to Mr. Hooper's zeal, I cannot perhaps better recommend the water-cushion which he made for me, to the notice of the profession, than by repeating the substance of some remarks which I made to the students of St. George's Hospital in May last, in part of a clinical lecture on the case of a boy, with disease of the cervical spine, who had been lying on one of these cushions from the time of his admission, with large sloughing sores on the sacrum and trochanter, from pressure on the spinal marrow. I remarked, that those who were most sensible of the great advantages and comfort of Dr. Neil Arnott's hydrostatic bed, were also best acquainted with the circumstances which prevented its employment in some of the very cases in which it was most required, independent of the expense of frequent renewal of the India-rubber sheeting, which was easily injured by very trivial causes; that in the case of this body, and of all cases of disease about the cervical region, the bed was contra-indicated, because the least pressure on any part of the bed was liable to alter the position of the body, while the head remained quiet on the pillow, or *vice versa*, and that every movement so effected made the diseased cervical region the centre of motion, although the very part in which rest was most desired; that for exactly the same reason the water-bed could not be used in fractures of the thigh, either simple or compound; nor even in fractures of the leg, unless they would bear being firmly bound up; nor in many of the more painful cases of ulcerated cartilages of the hip and knee, although in so many of these cases, weak and exhausted, nervous and fat people were very liable to bed-sores from lying in one posture. I said also, that very stout people could seldom employ the water-bed from their not retaining the level posture; and that rheumatic persons also frequently found they could not lie on it, without a return of their complaint, from the dampness and coldness they often experienced. I said that, on these accounts, I had long wished for some better substitute for the water-bed than the soft cushions of wool and hair,

covered with silk, and the air-pillows, of various forms, the hardness of the compressed air in the latter, and the necessity for frequent adjustment with any of them, frequently leading, especially in the hands of awkward nurses, to the very evil they were designed to obviate; that I had often tried the common Macintosh pillows of different shapes, filled with water instead of air and that they would do for the less weighty parts of the body, but that the pressure of the trunk of the body, assisted by the effect of warmth, made it impossible to use them without their soon leaking a little, with constant fear of deluging the bed, and the floor and ceiling below, by sudden bursting of the bag.

I remarked, further, that having received, nearly three years ago, a circular from Mr. Hooper, of Pall Mall East, concerning what Dr. James Arnott had called his current apparatus, I had gone to his house to look at it; but that I had found it useless for my purpose, being of ordinary Macintosh material, however well it might do to lay over inflamed parts, in the manner proposed by Dr. Arnott; that Mr. Hooper, after many trials of different materials, which were all unsafe for use, had made one of thick Vulcanized India-rubber, without any cloth whatever, which had alone answered for what I wanted, and that I had tried it for some time, and then applied to the Board to have some made for the Hospital, where they had been used constantly for a long time, as they (the students) saw in the boy whose case I was speaking of.

I added, that these water-cushions were not only useful, as a most valuable substitute for the water-bed, where the sacrum and hips were threatened with sloughing, or in which sloughing had actually taken place, but that they were often employed where the scapulæ, or spine, or heels, were in danger, when the patient was lying down or reclining; that he might also sit on it when the os coccygis and ischia required defence in this posture; and that in injuries, such as fractures or diseased joints, the arm or the leg was often laid lengthwise, with much advantage, on the same water-pillow, to save the elbow or the heel from the effects of pressure, the water diffusing it so equally over a large surface; and moreover, that with such a cushion, warmth or cold could also be used, if two tubes and stopcocks were fixed to it, as in Dr. J. Arnott's current apparatus, though I myself only used one to fill it with and let out the water, both of which could be done while the bag lay under the patient, beneath his sheet or blanket, or next to his person. I explained also, that the bag was only to be about half filled with water, and that if the person was heavy, it was necessary that the two ends should be folded or compressed by a weight or by some other means, to keep a sufficient quantity of water beneath the body, instead of its being driven into the two ends. I have little to add to what I thus stated a few months ago, except that Dr. J. Arnott informed me, I think, that he was now using Vulcanized

India-rubber in his apparatus for applying heat and cold, whether with some cloth or other webbing I know not; and that for the purpose of bearing continued pressure under the body, I am convinced that those constructed by Mr. Hooper, without any cloth whatever, can alone be relied on as safe and durable, and that Mr. Hooper has constructed a much more convenient stop-cock for the purpose I wanted, than that which he first made in imitation of those used in admitting a current of water by Dr. Arnott.

Cesar H. Hawkins.

ON THE OXIDE OF SILVER AS AN AGENT FOR THE EXPULSION OF TAPE-WORM.

By H. T. WHITTELL, Esq., Surgeon, Birmingham.

I HAVE been much pleased with the reports which have appeared at different times in *THE LANCET* of the efficacy of the Kousso as a vermifuge in cases of tænia. From these reports, the claims of the kousso to a place in our materia medica appear to be thoroughly established, and it is to be regretted that such a valuable agent can only be obtained at a price which must place it beyond the reach of a large class of patients. On account of the high price of this article, and of the need which every practitioner must have felt for a substitute in the place of the common and unpleasant terebinthinate remedies, I am induced to suggest to those who may have this opportunity, a trial of the oxide of silver. I am induced to suggest this remedy in consequence of having seen in two cases under my care the most beneficial results from its employment, and so far as I may form an opinion from so small a number of cases, I am disposed to prognosticate a favorable issue from the trial. The first case which came under my notice was that of a female of middle age, who at different times, for the space of about ten months, had been under my care, complaining of various anomalous symptoms, which were supposed to arise from the presence of worms in the intestinal canal. I administered turpentine on two different occasions for three successive mornings, but although slight benefit was obtained on each occasion, I only succeeded in bringing away some few joints. At the end of the tenth month, I had occasion to prescribe for this patient, who was then suffering from menorrhagia, one grain of the oxide of silver three times daily, with an ounce of mixture containing six drachms of bitartrate of potash in the half-pint. After she had taken the fourth dose, I was agreeably surprised to learn that she had evacuated a large quantity of tape-worm, and that she felt better than she had done for many months previously. After this time she remained free from the symptoms she had before manifested for some nine or ten months. A few weeks ago, she again applied to me for a repetition of the dose; the oxide

was again given, with the same effect as before. In both instances, the worms were dead when passed.

The second case is that of a married lady, who came under my care a short time ago, complaining of dyspeptic symptoms. She explained to me that she had suffered from tape-worms for some years, and had taken occasionally medicines, with the view of their removal, but she had never taken turpentine. I prescribed one grain of the oxide three times daily, with a mixture of bitartrate of potash as a purgative. After the third dose she passed a large mass of the worm, and continued to do so for one or two days afterwards, during the use of the remedy. Marked alleviation of the symptoms was the result. In this case, as in the former one, the worm was dead when passed.

Although nothing conclusive can be obtained from these two cases, I think the effects so marked in each, that it would be well for some gentleman who has a large public practice to endeavor to ascertain what may be the value of this agent in the cases named, and if found as successful in other hands as it has been in the two cases given above, the oxide will prove to be an invaluable remedy in cases which at the present time, we all find to be sufficiently perplexing. —*Lancet*.

THE ATMOPYRE.

One of the most novel of these inventions is suggested by Mr. D. O. EDWARDS, a medical man, not unknown to the readers of THE LANCET; it is named the "Atmopyre" or *solid gas fire*.

A small cylinder of pipe-clay, varying in length from two to four inches, perforated with holes the fiftieth of an inch in diameter, in imitation of Davy's safety lamp, is employed. The cylinder has a circular hole at one end, which fits upon a "fish-tail" burner; gas is introduced into the interior of the cylinder, with the air of which it becomes mixed, forming a kind of artificial firedamp. The mixture is ignited on the outside of the vessel, and burns entirely on the *exterior* of the earthenware, which is enveloped in a coat of pale blue flame. The clay cylinder which Mr. Edwards calls a "hood," soon becomes red hot, and presents the appearance of a *solid red flame*. All the heat of combustion is thus accumulated on the clay, and is thence radiated.

One of these cylinders is heated to dull redness in a minute or two; but an aggregate of these "hoods" placed in a circle or cluster, and enclosed in an argillaceous case, are heated to an orange color, and then the case itself becomes bright red.

By surrounding this "solid gas fire" with a series of cases, one within another, Mr. Edwards has obtained a great intensity of heat, and succeeded in melting gold, silver, copper, and even iron.

Mr. Palmer, the engineer of the Western Gas-light Company, by burning two feet of gas in an *Atmopyre* of twelve "hoods,"

raised the temperature of a room measuring 8551 cubic feet, *five* degrees of Fahrenheit in seventeen minutes.

The heat generated by burning gas in this way is one hundred per cent. greater than that engendered by the ordinary gas flame when tested by the evaporation of water. *Twenty-five* feet of gas burnt in an Atmopyre per hour, produces steam sufficient for *one* horse power. Hence the applicability of the invention to baths, brewing, &c.

The inventor's attention has been chiefly directed to the warming of invalids' apartments, and for this purpose he employs the following apparatus:—

A battery of twelve "hoods" is enclosed in an earthen-ware case, which, becoming heated to 500 deg. Fahrenheit, forms a repository of heat. This is placed in an outer case of china, terra cotta, or any other ornamental ware. The products of combustion are carried away by a small pipe into the chimney. It would be better to let this pipe remain *in alto relievio* in the apartment. The fresh air is brought from outside the dwelling through a tube about six inches in diameter, which communicates, by means of a valvular iron plate, with the space between the two cases. The air ascends in this area in large quantities, is warmed in its transient contact with the inner case, enters the room through large holes in the top of the stone, at a blood-temperature, and spreads equally through the apartment.

This fire presents a cheerful aspect through the wide orifice of the stone, which is covered with glass, and is visible to every inmate. The expense of such a fire is sixpence a day, at the present price of gas; and its application to cooking, evaporating liquids, desiccating aromatic plants, &c., is decidedly economical.

Hydrogen burnt in the "Atmopyre" produces great heat, and a very bright fire.

Sangrado Redivivus.—The Spanish Journals narrate the case of a man, aged 70, born at Majorca, of sanguine and apoplectic temperament, who, according to an approximate calculation, has, during a period of fifty-five years, been *two thousand times* bled at the arm, and on each occasion at least a pound of blood has been abstracted. From the age of fifteen this man was obliged to have himself bled every month, in order to combat his tendency to apoplexy. At the age of twenty, he was compelled to have recourse to the operation twice every month; at twenty-five, thrice a month; afterwards, thrice every fifteen days; finally, he has sometimes been bled fourteen times in a month. Even still, he is bled twice or thrice a fortnight to prevent his tendency to apoplexy.—*L'Union Medicale*, Aug., 1850.

POST-MORTEM EXAMINATION OF THE REV. JOHN NEWLAND MAFFIT.

Who died from Fatty Degeneration, Ulceration and Rupture of the Heart.

BY JOSIAH C. NOTT, M. D., MOBILE.

The subject of this case occupied a large share of public attention for many years, and was a man of no ordinary ability or attainment. The case itself is full of interest and instruction to the medical inquirer, and for this reason alone would well merit a page in a medical journal; but there are other and weighty considerations which induce me to place it on record.

The fact is notorious that this gentleman had been arraigned before his church, at the North, to answer charges deeply implicating his character, and which had caused great mortification and distress to his family and friends. He arrived in Mobile about two months ago, and immediately commenced the exercise of his sacred avocations. Immense crowds were attracted day after day by his extraordinary pulpit eloquence. When at the zenith of his success, evil reports pursued him—articles derogatory to his character were re-published in Mobile from the New York Police Gazette—considerable excitement in the town followed, and parties were arrayed for and against him. He became very much excited himself—was much occupied in writing for several days and nights—in writing was suddenly taken ill on the evening of the 27th of May, and died in about seven hours, aged 56 years.

Suspensions of suicide by poison were soon bruited over the town, and some of those friends who had proved true to him through all his heavy trials and afflictions, still confident in his purity and innocence, and fully aware of the confirmation which this charge would add in the eyes of many to the grave accusations already urged, demanded a post-mortem examination, which I made at their request.

Mr. Maffit, at the time of his death, was staying with a friend about three miles from the town; and when taken ill, a young friend of mine, Dr. E. P. Gaines, a well educated and intelligent practitioner, then in the neighborhood, was called to his assistance and has kindly furnished me the following note of the case. The doctor had had no acquaintance with the patient before, nor had I ever seen him previous to the post-mortem.

"Monday, May 27th, 1850, between the hours of 7 and 8 o'clock in the evening, I was called to see the Rev. John Newland Maffit. Found him in great pain, which he referred to the inferior sternal region. Suspecting immediately an affection of the heart, I questioned him if he had ever had any pain in his heart before. He

answered that he had had on several occasions some slight pain in his left side, with a slight palpitation, but not of much moment. Auscultation detected no abnormal sounds, no palpitation, but the heart beat regular and slow.

"He belched up great quantities of wind, but there was no distension of the epigastrium, or tenderness. He vomited occasionally undigested food, but said he had no nausea. He was perfectly cold all over, and bathed in a cold sweat. I administered anodynes and carminatives, applied a warm poultice with mustard, to the seat of pain, endeavored to bring about re-action, by warmth, to the extremities, but nothing gave relief; he still complained of the pain, and would beat his breast with his clenched hands. At 10 o'clock I gave him a large dose of calomel and morphine, also gave several enemas, under which, in the course of two hours, he *seemed* to re-act and get warm, and he remarked, 'Doctor, I feel better now everywhere else, but that pain still remains—it is a persistent and abiding pain, that seems to press through me against my spine.' All this time his pulse was *regular, full, strong*, but rather *slow*; his strength was good, for he got out of bed several times without help. At 1 o'clock I repeated the calomel and morphine; at 2 o'clock, he said, 'The pain has left my breast and gone to my heart and left arm—do you think that is a good sign?' I asked him, if in changing it still retained its severity, and he answered me 'Yes.' I applied my hand over the heart, but there was no palpitation. He also said, 'Doctor I think I am getting weaker, feel my pulse.' I felt it, and though it beat regularly, it seemed slower and weaker. I left the room for about fifteen minutes, when I was suddenly called in to see him die; his heart had already stopped beating, but he breathed two or three times after I got to the bed-side. The diagnosis throughout was difficult and obscure."

Post-mortem.—Stature short, stout, muscular, inclined to be fat, chest remarkably large and well developed. Neither head nor abdomen was examined. *Lungs* perfectly sound throughout, free from adhesions or any signs of disease, acute or chronic. *Pericardium*, fully distended with fluid, and when opened was found to contain blood and serum. This being carefully removed by a sponge, I introduced my hand into the sac, beneath the heart, and on grasping this organ, the contained blood was seen to spirt from a small perforation in the anterior wall of the left ventricle, disclosing at once the immediate cause of death. The heart was then removed from the body for further inspection.

General appearance of Heart.—Large, pale, flabby, and coated with fat over the greater part of its surface; the auricles, aorta, pulmonary artery and veins completely imbedded in fat.

Right Ventricle.—Somewhat dilated, whole exterior surface coated with fat, muscular substance flaccid and thinner than usual, diminishing towards the apex, near which muscular fibres were en-

tirely wanting, except a few scattered ones on the external surface; the blood here seemed to be retained in the cavity simply by the fat; the coating of fat at different points was from three to five or six lines in thickness.

Left Ventricle.—This fatty covering extended from the right over to the left ventricle for about an inch in width the whole length of the septum, and the apex also for about an inch or more was fat. On the anterior, middle portion of this ventricle, commencing at the margin of the fat, was an irregular, bruised looking patch, about the size of a dollar, and on the outer edge of this was the fatal rupture. When cut into, this bruised looking part presented a dark bruised, bloody appearance, not unlike recently-hepatized lung, the fibrous muscular appearance being destroyed. The corresponding internal surface showed evident marks of ulceration, a portion of the substance being excavated and covered in part with a thin cyst; the surface around the patch, on the inside, was red, inflamed, with deposition of coagulable lymph. It is worthy of remark that this spot of the heart, which seemed to be the most diseased, and in which the rupture took place, was more free from fat than any other; it joined the fat portion *abruptly* in half its circumference. This ventricle, I think, was a little dilated. There was nothing peculiar in the auricles except being buried in fat, and the mitral, tricuspid and semi-lunar valves were all perfectly healthy.

Mr. Maffit, as stated, had only been in Mobile a few weeks, and I could get no satisfactory information as to the previous history of the case. He had been, for some days previous to his death, laboring under a slight attack of diarrhoea, but his friends believed him to be in vigorous health. When questioned by Dr. Gaines, he stated that he had had some slight palpitation and pain in his left side. It is remarkable that so much disease should have existed, with so few symptoms to indicate it, though similar examples are on record.

There can be no doubt that organic disease had existed for months, leading inevitably to death. What influences his protracted mental excitement exercised in causing the disease, must remain a matter of doubt; and though the malady is one which marches steadily onward, it is highly probable that its termination was hastened by moral causes.—*N. O. Med. & Surg. Jour.*

☞ *Broken-bone Fever* is the title of an epidemic which the Charleston Courier says they have a little of there at this time. It usually lasts two or three days, commencing with pains in the legs and knees, and ending with headache and weariness.

TREATMENT OF INTERNAL HEMORRHOIDS.

Dr. I. P. Garvin, in an interesting article in the Southern Medical and Surgical Journal (March, 1850,) states that he has treated a considerable number of cases of internal hemorrhoids, some of them very severe and of long standing, by the use of cold water, in the following manner:

He directs about a gill of cold water to be thrown into the rectum immediately before *every attempt* to evacuate the bowels, and that this enema be retained several minutes, if possible. This usually produces an evacuation of the fæces, which have been so far softened on their surface, as to permit their escape without the least straining or irritation. After every evacuation, it will be proper to use ablutions of the parts, more especially in such cases as are attended by some protrusion of the bowels.

This treatment is to be continued until some days after all uneasiness is removed. In old or very severe cases, to effect such amendments generally requires several weeks. It is highly important to impress upon the patient, the absolute necessity of perseverance in the use of cold water, even though he should be so far relieved as to feel *almost* well, for if it be suspended too soon, a very slight cause will bring on a relapse. So decided is the relief afforded by this treatment, that few persons would be disposed hastily to abandon it, but for the inconvenience of applying it daily. The ordinary apparatus for enemata are so unwieldy, that they cannot be carried about conveniently. All difficulty from this source may be obviated by the employment of a small pewter syringe with a ring handle to the piston. One which will hold two ounces is very convenient, and may be carried in the pocket, when necessary.

When such enemata of cold water fail to procure sufficient alvine evacuations, the quantity of fluid may be increased to half a pint, or it may be necessary to resort to mild laxatives. Active purgation must be carefully avoided. The patient should be advised, *never* to aid the natural expulsive action of the bowels by straining. If an evacuation cannot be procured without such efforts, it is best to postpone it until aided by the action of a laxative. If the convenience of the patient will permit, it will prove advantageous to change the usual hour for the daily defecation, to a regular hour in the evening—just before retiring for the night. This will obviate the gravitation of blood consequent upon the erect position.

This treatment will usually succeed equally well in hemorrhoids attended by hemorrhage. In this form of the disease, cold water will be found a most efficient astringent.

IODINE IN FRESH WATER PLANTS.

The improvements of modern chemistry have thrown no inconsiderable light on therapeutics, by showing that many of our old and best popular medicines owe their value to certain substances, the action of which, in a simple state is well determined. Thus it has long since been shown that the active properties of burned sponge are due to the iodine which it contains, and it seems probable that many other remedies of a similar kind derive their efficacy from the presence of the same substance in them.

Mr. Lindlay, I believe, was the first who pointed out the existence of iodine in water-cresses. A French botanist, M. Chatin, has confirmed this fact, and, moreover, shown that iodine, in greater or lesser quantity, forms an element of all fresh-water plants. M. Chatin has likewise ascertained,

1. That plants growing in running streams, or in water agitated by the winds, contain more iodine than those which inhabit stagnant waters.

2. That the proportion of iodine is very small in those plants which are imperfectly, or for a short time, submerged.

3. The proportion of iodine in fresh-water plants does not appear to depend on the nature of the plant itself, or on the place it occupies, in the natural order of vegetable bodies.

From the quantity of iodine contained in water-cresses, the author concludes that the popular idea of their usefulness in cases of pthisis, scrofula, &c., is well founded. The plant which grows in running streams has ever been more esteemed than those which are produced in marshy situations; and here, again, the popular notion is confirmed by chemical research. Conium, also, is a plant which contains a considerable proportion of iodine, and its anti-scrofulous properties have been extolled by physicians of the old and modern school. Amongst the latter may be named M. Trousseau, who considers it a remedy little inferior to the cod-liver oil in scrofula.—*L'Union Medicale*, April, 1850.

PUERPERAL FEVER.—It has of late, been again proposed, in France, to use injections of tepid water into the uterus, to control the fatal effects of the metro-peritonitis following labour. Dr. ROCHE advocated this treatment in 1844, in the *Gazette Medicale*, stating that he had met with great success by adhering to it, and M. GENSOUL, of Lyons, gave it as his opinion, a few days ago, in *L'Union Medicale*, that phlebitis of the uterus is often brought on by the detritus and clots stagnating in the womb, and that warm douching, in removing these, contributed largely in keeping off the fatal effects of the uterine inflammation.

THE WATER-CUSHION FOR BED-RIDDEN PATIENTS.

To the Editor of THE LANCET.

SIR,—A letter having been published from Mr. Sampson, on the use of the water-cushion, perhaps you will favour me with the insertion of the following statement:—

In the year 1845, Dr. Arnott of Brighton, directed my attention to the subject of water-cushions. He suggested Macintosh cloth as the material for their construction; but I found, after several trials, its unsuitness for the purpose, from its want of durability, and tendency to be affected by different temperatures. In the following year, at the desire of Mr. Cæsar Hawkins, I resumed my experiments with various kinds of caoutchouc; amongst others, with the sheet Indian rubber, lined, but with the same want of success. At last I was induced to try the Vulcanized Indian rubber, and the result was most satisfactory. I found that its elasticity was not the least impaired by heat or cold, and that it supported with impunity a range of temperature from that of boiling water to below zero.

These Vulcanized cushions were first used in private practice by Mr. Cæsar Hawkins in 1847, and employed at St. George's Hospital in January, 1848, since which period they have been in constant use there. I understood that they are still as perfect as when I first applied them, and from other parties the accounts I receive are equally satisfactory.

I would also observe that instead of the screw and cork recommended by Mr. Sampson, I have attached to the cushions a tube, with a stop-cock and funnel, which allows the water to be changed, or its temperature modified, without removing the cushion or disturbing the patient.

I remain, Sir, your obedient servant.

WILLIAM HOOPER.

FEBRIFUGE AND ANTIPERIODIC PROPERTIES OF CHLOROFORM.—

M. Delioux lately read to the French Academy of Medicine, a communication on this subject, in which he spoke of the benefit he had derived from the internal use of chloroform in intermittent fevers which had resisted quinine. It would appear from the tenor of the author's remarks, that no unpleasant effects have been witnessed, the only action of the medicine being that of suspending the febrile paroxysms. The usual dose is from thirty to forty drops, given in three portions a few hours before the expected access, taking care that the last dose is given about three hours prior to the fit. In obstinate tertian and quartan fevers the author gives the medicine daily, increasing the dose on the days of the access, and subsequently reducing it.—*L'Union Médicale*, April, 1850.

SINGULAR TRANCE — At the village of Farrington, situated about nine miles from Bristol, on the road to Wells, a young woman, named Ann Cromer, the daughter of a master mason, now lies in a complete state of catalepsy, in which extraordinary trance-like condition, should she survive till next November, she will have been for no less than thirteen years. During the whole of this extended period she has not partaken of any solid food, and the vital principle has only been sustained by the mechanical administration of fluids. Although, of course, reduced to almost a perfect skeleton, her countenance bears a very placid expression. Her respiration is perceptible, her hands warm, and she has some indication of existent consciousness. Upon one occasion, when asked if suffering from pain to squeeze the hand of her mother, placed in hers for that purpose, a slight pressure, the mother avers, was distinguishable; and frequently, when suffering from cramp, she has heard her make slight moans. About 16 weeks after the commencement of her trance, she was seized with the lockjaw, which occasions great difficulty in affording nourishment. The unfortunate young woman is twenty-five years of age, and has been visited by several medical gentlemen, who, however, hold out no hopes of her ultimate recovery.—*English paper.*

MILK SICKNESS.—Ed. O. Cult.: In No. 16, page 242, of the present volume, I notice an article headed "Milk Sickness," by I. Dille, of Newark, O. Feeling a desire for more light on that subject, I will state a few facts that have come within my own observation, in the hope that they may elicit further discussion. For the last five years there has been more or less of what we call "The Trembles" in our neighborhood. We use this term from the fact that trembling is one of the most prominent symptoms of the disease when brutes are affected with it. The disease has prevailed to a considerable extent this summer, and altogether among cattle ranging at large, or in woods pastures. The first case occurred in the latter part of June, and it continued from that time until the close of the drouth; have no knowledge of any new case since then. It has usually been the worst after or about the close of drouths.—I have been informed by the oldest citizens of this country that it has generally raged during the months of July and August, but occasionally late in the fall. Some of these worthy pioneers say that the Aborigines of this country declared that certain springs produced fever and ague in their horses, or as we call it, trembles—or milk sickness; and some of the Wyandots used to say their horses would die on Hog Creek but would fatten on Sugar Creek; which still seems to be the case, and is no little annoyance to us new beginners in these backwoods of Ohio. J. MOREHART.

CHLORIDE OF SODIUM IN CORNEITIS.

Dr. TAVIGNOT, of Paris, lately recommended a collyrium, composed of a solution of common salt, in inflammation and ulceration of the cornea; and Dr. Benoit of Montpellier, has just published two cases of corneitis, in the *Journal des Connaissances Medico-Chirurgicales*, where this collyrium is stated to have been remarkably effective. The first case relates to a lad of fifteen, affected with ulcerations of the cornea on both sides. General bleeding, calomel, frictions with mercury and belladonna, and cauterizations with nitrate of silver, proved of no avail. At last, twelve days, after the beginning of the treatment, a collyrium of common salt was tried; the next day the photophobia had disappeared, and the two ulcerations of the cornea, presenting a grey fundus, could now be distinguished. The same collyrium was continued until complete cicatrization, which took place on the twenty-second day,—as the leucomatous spots were not lying in the axis of vision, the boy had very good sight. The second patient was a woman of forty-two, affected with scrofulous corneitis: the usual treatment, continued for three months, failed, and the common salt effected a cure in twenty-one days.—*Lond. Lancet*.

ICE IN OPHTHALMIA.—Our readers are aware that M. CHASSAIGNAC, of Paris, treats infantile purulent ophthalmia by cold water douching. This gentleman has lately advised, in the *Gazette des Hopitaux*, the use of ice in various kinds of severe ophthalmia. A great number of affections of the eye have been thus treated, ranging from the ophthalmia which succeeds operations for cataract and to external violence, to hypopium and the most intense inflammations of the cornea. The author has arrived at the conclusion that the apparatus of vision is the one which illustrates, in the highest degree, the power of continuous applications of ice. M. Chassaig-nac does not, however, advocate the exclusive use of the ice, and advises the ordinary therapeutic means to be combined with it. It is applied by means of a kind of orbital mask of wire-work, secured by a spring, the pad of which presses on the occiput. The mask is composed of two layers, between which little bags of ice are introduced.

NEW REMEDIES.—Dr. Debow, of Hartsville, Tennessee, mentions that a medical friend of his has been experimenting for some time past with the berries of the *Cornus Florida*, and that he has obtained from them an oil and an extract which he believes will be found to possess active remedial qualities. The gentleman is still engaged in the research, and promises to give us the results of it when he has made more extensive trials with the new remedies. We shall expect his communication with some interest, persuaded as we are that there are valuable medicinal properties in this plant which are not generally appreciated.—Y.—*West. Journal*.

JARVIS'S ADJUSTER.

An instrument, under this name, for adjusting fractures, and reducing dislocations has been before the profession for some years, but it has not received the attention its merits deserve. It enjoys the confidence, and has received the approbation of a number of eminent surgeons, among whom stands Professor Mott. We have had an opportunity of examining the instrument, and take pleasure in commending it as superior to anything of the kind we have seen, and we feel sure that a correct understanding of its merits, and the use of its powers, would do much towards stopping those suits for mal-practice, that are so annoying to Surgeons, and so injurious to the interests of the medical profession. It is time that some means were adopted for this object. A distinguished Professor in New York, Dr. James Webster, made "the frequency of suits of mal-practice," the subject of an introductory lecture, before the Geneva Medical College, last March, and no one can rise from the perusal of that lecture, without feeling that a better remedy is needed than the one suggested by Professor Webster. The abandonment of a particular class of patients, in order to avoid the risk of suits at law, is scarcely professional. The statistics of Professor Hamilton, and the quotation we made from Maclise, on the developments of broken bones in Dupuytren's Museum are not very creditable to modern surgery, and such things could not exist under the regulations of good surgery. We feel confident that if surgeons use the proper means, in the reunion of fractured bones, no justifiable claim for mal-practice would live long before a jury.

It is somewhat singular that in the Transactions of the American Medical Association, containing Professor Hamilton's deplorable statistics, on fractures, the admirable instrument of Dr. George O. Jarvis, of Connecticut, was condemned, by the committee on surgery. It is well known to our readers, that we prefer the bandage, in the treatment of fractures, to all other contrivances, but we feel no hesitation in saying, that, if we had not acquired, by long continued labors, the requisite art for applying the bandage, there is nothing that so nearly approaches that treatment, in its perfect adaptation to all the requirements of fractures, as Jarvis's adjuster. It has capacity for placing the skilful young surgeon on something like an equality with those who have gained much by experience.

In another number we shall discuss the merits of the excellent instrument of Dr. George O. Jarvis, and endeavor to show its usefulness to surgeons and physicians. The statistics of dislocations and fractures, display the limping gait of modern surgery, and we are solicitous to do all in our power to remedy the evil.—B.—*West. Journal.*

Temperance and Total Abstinence; or, the Use and Abuse of Alcoholic Liquors in Health and Disease. By SPENCER THOMSON, M. D. London. Foolscape 8vo. pp. 183.

THIS work is one of those which competed for a prize of £100, offered by Mr. Eaton for the best essay on the "Use and Abuse of Alcoholic Liquors in Health and Disease." The committee of adjudication recommended the publication of this essay. Looking at the real object of the founder of the prize, and at the manner in which this essay is written, we feel no hesitation in declaring our conviction that to Dr. Spencer Thomson should have been awarded the prize instead of to Dr. Carpenter. The work before us really takes a very common-sense and philosophical view of the entire subject. "The endeavour of the author has been, by scientific demonstration, to mark the line between the empirical abuse and the rational application of one of God's gifts to man, placed in his power, not for evil, but for good." Dr. Spencer Thomson has not started with a dogma, and made every effort to bring all his knowledge and experience to prove a foregone conclusion, but he has treated the subject fairly and honestly.

The prize essayist on this subject has distorted facts, strained theories, and jumbled up together fictions and prejudices to attain his object, as the tyrant of old distorted the limbs and bodies of his victims in order that they might fit his bed of torture. Dr. Thomson, we again repeat, should have been the recipient of the prize.

PROBABLE DANGER FROM THE USE OF COD-LIVER OIL. By Dr. Benson.—At a recent meeting of the Surgical Society of Ireland, Dr. Benson made the following statement regarding cod-liver oil:

It was not to be expected that a remedy of so much power could be used with impunity in all cases. Having such efficacy in checking emaciation, in restoring the wasted flesh, and bringing back color to the faded cheek, it might be anticipated that it would in some cases of phthisis occasion a congested condition of the lung, and even give a tendency, or prove a predisposing cause to pneumonia; and this was, in fact, what he thought he had observed in some instances, and it was to this he begged to call the attention of the meeting.

It so happened that in almost every patient who died of phthisis under his care while using cod-liver oil, he found the lung congested and consolidated, not only in the neighborhood of the tubercles, but through nearly the entire of both lungs. This morbid condition, it is true, is often met with where no oil has been used, but he was struck with the greater frequency of it in the post-mortems he had made where the oil was freely administered. ('Dublin Med. Press.')

—*Med. Gaz.*, Feb. 1, 1850, p. 216.

ON THE NON-IDENTITY OF FLESH AND BLOOD FIBRIN.—Liebig has lately made some important observations on the properties of the fibrin of blood and of flesh substances, which have erroneously been considered identical. The two substances behave in very different ways when treated with water, acidulated with 1-10th per cent. of hydro-chloric acid. Blood fibrin swells into a gelatinous mass—corrugated by addition of acid—recovering its gelatinous consistence when water is again added. Flesh fibrin, on the contrary, dissolves completely, the solution being rendered turbid only by some fatty particles, which can be separated by filtration; when neutralized, the fibrin coagulate to a thick white mass, soluble in excess of alkali. Common salt added to the alkaline solution produces a coagulum soluble in excess of warm water; the white mass produced by the neutralization is also soluble in lime-water, and the solution, when boiled, yields a coagulum like a dilute solution of white of egg. In some kinds of flesh—as in veal and mutton—in addition to this fibrin, there is another substance, insoluble in water, acidulated with hydro-chloric acid.

Blood fibrin contains more nitrogen than flesh fibrin, hence Liebig doubts whether it serves for the formation of the latter substance. Blood fibrin has other remarkable properties; thus, when completely immersed in water, it rapidly putrefies when the vessel is placed in a warm place. The fibrin in about three weeks dissolves completely, forming a slightly-colored solution, which is indistinguishable from a solution of albumen; not only does a coagulum form when heated, but the coagulated substance, as appears from an analysis of Dr. Strecker, actually possesses the exact composition of albumen ($C_{53.9}H_{6.99}N_{15.58}S_{1.59}-1.45\text{Ash}-22$). After the coagulum has separated, an azotised substance remains in solution.

Liebig observes that blood fibrin always contains iron, which can be found in the white ash left on incineration. *Med. Times*. Aug. 1850.

Generation of Mammalia and Birds.—DR. DELFRAYSSE, of Cahors, in France, lately made several experiments on various species of mammalia and birds, regarding the influence of the male upon the offspring. He found, by bringing individuals of different species together, that the first coition merely imparts life to the ovum, and that the subsequent ones bestow the colours of the male upon the young; for, the more coition was repeated, the more likeness did the offspring bear to the parents.—These views were submitted to the Academy of Sciences of Paris.

M. PIORY recommends Chloride of Sodium, as a substitute for cinchona in ague, having found it successful in eight cases attended with enlarged spleen. Two doses had, in several instances, reduced the spleen to its normal size.

The Medical and Clerical Professions.—In a preamble to a set of resolutions offered at a meeting of the State Medical Association in South Carolina, is found the following:—"Whereas, it has been the custom of physicians to extend to clergymen the courtesy of their services gratuitously, in consideration of the respect justly due their sacred office, but, in consequence of the deplorable fact that numerous clergymen have become the advocates of quackery and imposture, by recommending secret medicines and preparations publicly in the newspapers, and more frequently privately to their parishioners, thus using their extensive influence against the true interests of science and the advancement of the medical sciences more particularly, it becomes the duty of physicians to discriminate between those who are or are not the friends of quackery; it is therefore resolved," &c.

ACCIDENTAL DEATH FROM CHLOROFORM.—A case illustrative of the fatal effects of the incautious use of chloroform occurred lately at Sheffield. The subject of it, a young man 21 years of age, retired to bed at half-past eleven. In the night he was heard to moan, but it was concluded that he was dreaming. As he did not appear at the usual time at the breakfast table, a domestic was sent to his bed-room, when he was found lying in bed, life being extinct. In his hands he held a handkerchief, firmly pressed to his mouth and nostrils. It appears the unfortunate gentleman had been in the habit of inhaling chloroform for the purpose of allaying the face-ache. A bottle which had contained chloroform was found uncorked in the watch-pocket of the bed, and in a private drawer two bottles of chloroform were discovered. An inquest was held on the evening of Monday, when evidence establishing the above account was given, and also that the deceased had several times, when he inhaled chloroform, directed William Girt, formerly groom to Mr. Ray, to sit with him, and to rouse him when falling into a state of insensibility, which he had accordingly done. The post-mortem examination of the body showed the blood to be in a very fluid state and very dark in color: the right cavities of the heart were distended with blood, the liver and kidneys slightly congested. No smell from which it could be ascertained that chloroform had been used could be detected.—*London Medical Gazette*, June, 1850.

Part 3.---Editorial.

MEDICAL JOURNALS.

The incessant mental activity of the present age is displayed in the medical profession as well as in other walks of life. An immense mass of medical literature is continually pouring forth from the press of England, Germany, France and America. To read even what is published in our own language would be beyond the power of the most industrious physician who could devote his time to such a purpose, and to purchase the works as they issue from the press would be equally beyond the means of any moderate fortune. Hence arises the necessity for our periodical literature, which enables those whose time and means are limited, to keep pace with the progress of professional knowledge at a very trifling expense of time and money. Every important work is noticed or reviewed, and almost every important discovery referred to or described by the medical periodicals.

The physician who has completed his education in college, is supposed to have mastered the science of his profession as it stands at the time. But in a few years of practice he may find himself far in the rear of younger students. He has not only grown rusty in his attainments, but he is ignorant of many important innovations and improvements, which have been introduced since he acquired his education. To prevent this decline in knowledge, and to maintain an honorable standing, there is but one method that is generally practicable—regular reading.

But it is not merely by reading books; the quantity of book-reading necessary for such a purpose involves a greater expenditure of time and money than physicians are either able or willing to undertake. Medical periodicals alone are adequate to meet the want. Every physician should regard it as his duty to appropriate twenty or twenty-five dollars per annum to maintaining his professional knowledge in a respectable and progressive condition by means of medical journals. Yet it is a lamentable fact, that many, when they

have commenced the practice of their profession, relinquish the cultivation of science, and without taking a single periodical, travel in the monotonous routine of practice, entirely unconscious of the improvements which are in daily progress all over the world.

Such physicians are insensible of the richness of the repast which they avoid. They do not appreciate the great advantages and economies of Medical Journalism. They do not reflect upon the immense number of laborious and expensive medical works which are reviewed and gleaned by authors and editors, and the numerous other sources of knowledge which are resorted to for the purpose of enriching the pages of our monthly and quarterly publications. They do not reflect that for the trifling sum of two or three or five dollars per annum, they are enabled to receive in a compendious form an amount of knowledge—which, by their own most diligent studies and researches, they could not possibly have obtained in a life-time, or by the outlay of many hundreds of dollars. There is, indeed, too great an apathy upon this subject—the importance of medical periodicals has never been sufficiently insisted upon by medical teachers.

An indiscriminate recommendation of all that are published would not be justified by their comparative merits. Still it may be freely affirmed that there is not a medical journal published in the United States or Europe, which is not to an intelligent physician worth many times the price of its subscription. The leading medical journal of the Old World is the British and Foreign Medico-Chirurgical Review. In this able quarterly review, which may be obtained in this country at the very moderate price of three dollars per annum, there is a great amount, not only of useful knowledge, but of profound research in reference to the most abstruse subjects of investigation. This Review is characterized by a greater spirit of toleration, and by much more philosophic and enlarged views of medical science and philosophy than its rival, the London Lancet.

The Lancet, edited by Mr. Wakley, and reprinted in America, monthly, at \$5 per annum, contains an enormous amount of medical reading, three-fourths of which will scarcely repay the time spent in its perusal. From each number a few pages of useful matter may be gleaned, but a large portion of its contents is emphatically *trashy*—consisting of prosy essays with little pith or point. The Lancet is characterized by the most narrow-minded and venomous opposition to all liberal progress, and displays an active hos-

tility, not only against Hydropathy, Homoeopathy, Mesmerism, &c., but against its more dignified and learned neighbor, the Medico-Chirurgical, which it accuses of cherishing and lending aid to medical heresies. Such journals as the *Lancet* should be discarded by every medical liberal.

Braithwaite's *Retrospect*, and Ranking's *Abstract*, furnish a very condensed and comprehensive view of cotemporary medical science, published twice a year, each at \$1,50 per annum.

Of American publications—the oldest and most influential is the *American Journal of Medical Sciences*, published at Philadelphia, quarterly, at \$5,00 per annum. The *New York Journal of Medicine*, published bi-monthly, at \$3,00 per annum, is a cheap and very respectable Journal. Smith's *Boston Medical and Surgical Journal* furnishes about twenty pages weekly, at three dollars per annum. Its articles are generally practical and short. Its editor supports Hunkerism as usual, but will now and then admit a few words in his pages from the other side.

Other respectable Journals are published in Louisville, Charleston, New Orleans, Baltimore, Chicago, Cincinnati, Columbus, St. Louis, Buffalo, &c., almost every respectable medical school being connected with a medical journal, edited by its faculty. Monthly periodicals devoted to medical reform, are published at Rochester, N. Y., Worcester, Mass., and Memphis, Tenn., each at one dollar per annum.

Notwithstanding this great abundance and cheapness of medical literature, it is far from being adequately sustained by the patronage of physicians. The greater portion of our medical journals scarcely even pay their expenses, as their circulation is limited, and many of those who ought to be subscribers, either refuse to subscribe, or impose upon the good-natured credulity of the printers and publishers and pay nothing for what they receive. This has been the case heretofore with the *Eclectic Journal*. Too many of its readers have been reading it at the expense of the publishers—postponing payment until serious doubts might be entertained whether they ever had any design of paying at all. With the commencement of the next volume, the CASH SYSTEM will be adopted, and no Journals will be sent until the money has been received. My readers will therefore please to attend at once to this matter, and if they have any idea of taking the next volume, *remit forthwith*, so as to reach Cincinnati before the first of January.

Part 1.---Original Communications.

CHEMICAL RESEARCHES IN ANIMAL AND VEGETABLE PHYSIOLOGY.

BY DANIEL VAUGHAN.

The development of scientific principles which may enable us to trace any of the phenomena of life to the influence of chemical and electric forces, must tend, in a great degree, to advance the state of Physiological knowledge, and to reduce the mysterious operations of vital action to known and determinate laws. During the present century much speculation has prevailed in regard to the part which electricity plays in the human system, and many experiments have been instituted to test its efficacy for the cure of disease, and for accelerating the growth of plants. But from the very limited knowledge which could be obtained respecting this subtle agent, and a still greater ignorance of the nature of vitality, such experimental inquiries could not be pursued in a very systematic manner, and the success attending them has been limited to a few accidental discoveries. Indeed, the good effects which they might be expected to produce by elucidating vital phenomena have been, for the most part, frustrated in consequence of the injudicious manner in which they have been prosecuted by most physiologists, whose researches instead of being first directed to the most simple organic changes, have been generally devoted to fruitless attempts to explain the most difficult and most complicated operations in the domain of life.

From a belief that the numerous facts and principles which the discoveries of late years have brought to light, must render inquiries of this nature more successful than they were at any former period. I have been, for some time, engaged in investigating the office which electricity performs in vegetation and in the most simple functions of animal economy. Humble as the task which I have undertaken may appear, it is, perhaps, as great as chemistry in its present state can furnish the means of achieving; and it does not seem advisable to raise an important structure on a less secure

foundation. The laws of life and the several attributes of the vital principle, though calculated to awaken sublime feelings in the imagination, are generally set forth by writers in too vague and indefinite a manner, to serve as the basis of an exact theory, as nothing will be so conducive to accuracy as to observe such a degree of precision in our inquiries, as may enable us to ascertain the strict accordance of our conclusions with the results of observation.

In my former writings, I have shown that several changes incident to vegetation may be identified with those which should result from the action of electricity. I have likewise shown that the oxydation of the organic matter of the soil, must produce a circulation of electrical currents between the roots and branches of plants. The existence of these currents has been proved by recent experiments. But it now seems necessary to consider whether they are of sufficient intensity to produce the chemical changes which I ascribed to them; as they are far more delicate than those usually employed for the purpose of decomposition with the galvanic battery. From their extreme weakness, the chemical action which they perform has been hitherto overlooked, though their existence in plants has been ascertained beyond all reasonable doubt. We must, however, bear in mind that, in causing a muscle to contract, the most feeble galvanic currents produce a mechanical effect which appears truly astonishing; and currents equally insignificant have been found capable of separating bodies in opposition to the strongest bonds of affinity. This wonderful efficiency for chemical operations is due in a great measure to certain conditions which are presented by the peculiar construction of the apparatus used for the electro-decompositions to which they are applied. But it will appear on a careful examination, that the same conditions are furnished by the peculiar structure of every plant, and in greater perfection than could result from any effort of human skill; and so perfect is the mechanism for attaining the same object in the higher orders of life, that the tissues of men and animals are not only sensible to the galvanic currents generated in their frames, but are even affected by the most feeble manifestation of terrestrial electricity.

To render very weak galvanic currents adequate to chemical action, or to increase the efficacy of those which are more powerful, it has been found necessary that both portions of the solution, in which each wire was immersed, should be separated by a porous partition which, without being impervious to the fluid, may prevent their mixture. The use of an impervious barrier between the wires would effectually arrest the decomposition, which is, however, always facilitated by impeding the communication in this manner. In the electrolysis of a saline solution, when the products resulting from decomposition are retained by the liquid, the use of partitions or some contrivance of the same nature is indispensable

to the success of the operation, even when powerful galvanic currents are employed. But if a compound is separated into bodies, one of which is evolved from the solution in a gaseous form, or enters new combinations by acting chemically on some substance at the pole of the battery, or even on the wire which forms the pole itself, a comparatively small amount of electric power will be sufficient for slowly effecting a decomposition. The porous partitions, though not absolutely necessary in this instance, will be found to exercise a co-operating influence, and a concurrence of all the circumstances favorable to decomposition will render the most feeble currents of electricity capable of gradually disuniting bodies held together by the most stubborn ties of affinity.

The manner in which electro-decomposition is facilitated, in these instances, may be readily explained by supposing that the force of the current is exerted, not only in separating the component parts of a compound, but also in preventing them from reuniting. When, for example, sulphate of soda is submitted to galvanic action, or electrolyzed, the soda separates at the negative wire, and the sulphuric acid at the positive. But the acid and the alkali still remain in the solution, ready to obey the force of affinity, whenever the controlling power is withdrawn. If the galvanic current prevent their combination, it is evident that, after some time, its whole force must be expended in keeping apart the large quantity of free acid and alkali which accumulate at the respective poles. If we suppose that electricity is endued with no passive force to prevent the union of bodies, but is only capable of separating them according as they unite, our ultimate conclusion respecting its efficiency will be the same; for when their quantity has increased to a certain extent, they must reunite as fast as they are separated. In either case it is evident that the great obstacle to the progress of the decomposition proceeds from the disposition of the bodies liberated at each pole, to return to the combination which has been destroyed. But the force of affinity comes into play only when the bodies between which it exists are blended together by a mixture of the solutions which contain them; and it is by retarding this mixture that the porous partition between the electrodes diminish the resistance proceeding from chemical forces, and cause them to yield to a decomposing agent of very inconsiderable energy. This opinion is confirmed by the fact, that the same effect is produced by the evolution of the resulting elements from the electrolyzed solution in a gaseous form, or by the occurrence of such chemical changes at the poles as may prevent their return to the state in which they previously existed.

It will be readily perceived that this explanation is quite independent of the conflicting theories in regard to the mode in which electro-decomposition takes place; for in whatever manner we suppose the bodies to be separated, the consequences I have alluded to

must result from their presence at the poles or electrodes. Pursuing the inquiry farther, it will appear evident, that whatever impedes the diffusion of liquids without entirely preventing it, may be employed to facilitate the chemical operations which galvanism performs. In glass tubes liquids of different kinds mingle together very slowly, and their mixture is retarded as the tube decreases in diameter or increases in length. Accordingly they have been found to assist in the decomposition of bodies by electric currents. When the poles of a galvanic battery are immersed in two glasses containing a saline solution, a communication being made between both by a portion of the liquid enclosed in glass syphons, it will be found, after some time, that the acid has been transferred into one vessel and the base into the other. As the syphons diminish in diameter, they become better adapted to promote the decomposition; and moist cotton fibres or pieces of asbestos in which the conducting liquid is enclosed in much more narrow passages, have been found far more effectual for attaining the same object.

From these principles, it must be readily inferred that the cellular tissue of plants constitutes a most admirable arrangement for the play of galvanic currents, and is calculated to render them adequate to the chemical purposes which vegetation requires. The nature of the present investigation renders it necessary to show the cause from which these currents originate, though their existence in plants have been proved so conclusively by experiments, that we need not rely on theoretical evidence alone. The most simple case in which their presence and their action can be recognized by the light which science affords, is presented by the growth of perennial plants during spring, when the development of the leaves commences. On the elevation of temperature which then occurs, the roots of plants and the organic matter by which they are surrounded, undergo fermentation, by combining with oxygen, and forming carbonic acid and other compounds. From the presence of air and moisture in the soil, this chemical action must proceed with great vigor at the roots, while it will be in a great measure suspended at the stem and branches, which are acted on by the air alone. Indeed, the friction of the air against the branches, and the evaporation from their surfaces, must tend to exempt them from oxydation, by rendering their electric state negative. In this unequal degree of chemical action we recognize one of the conditions for generating galvanic currents. If the bark of a tree has a better conducting power than the wood, (as I shall afterwards show to be the case,) currents of electricity must proceed from the roots to the branches, along the woody portion of the stem, and return to the roots by the bark; in accordance with the laws which govern the production of such currents in the galvanic battery, and determine the direction in which they move. This circulation along the plant, will accordingly continue until it is interrupted by a degree of cold sufficient

to arrest the oxydation of the humus, and thus to remove the condition on which the currents mainly depend.

The superior conducting power of the bark of trees proceeds chiefly from the conformation of its tissues, though the property may in some measure be due to the presence of alkalies and other inorganic bases, which are invariably found in the bark in a larger proportion than in other parts of the plant. But the tubes and sap vessels in the bark are much finer than in the wood; and any fluids they contain must yield more readily to the decomposing influence of galvanism. Now, from the close relation which always subsists between the conducting power of a solution, and the ease with which it is decomposed by electricity, this agent must be conducted by the bark, or by the fluids it contains, much more readily than by those enclosed in the wood. It may be likewise observed that, though it is the moisture they contain that enables living vegetables to conduct electricity, they always conduct it much better than pure water could do under ordinary circumstances. This fact affords a striking illustration of the advantages which the structure of vegetables, and the narrowness of their tubes, afford for the passage of electricity through the fluids they contain; and the effects will evidently correspond to the tenuity which these tubes acquire.

Though the voltaic mechanism of plants and the chemical changes it is capable of producing, may be deduced from the doctrines of galvanism, they will be more readily understood by a reference to the following experiment: Let a piece of zinc be placed in a vertical position, and be acted on by a strong acid at its base, and at its upper extremity by a weaker acid or by water, care being taken to prevent, as much as possible, the admixture of the fluid. A current of electricity will, in this case, descend along the zinc (the more perfect conductor,) from its upper to its lower extremity, and will ascend through the fluid: the metallic salt or oxide, formed at the expense of the lower portion, will be decomposed by the current, and the zinc will be deposited in a pure state at the upper end. These facts considered in connection with the peculiar mechanism of plants, should lead us to conclude that a similar current must descend by the bark of a tree in summer, and ascend by the woody portion of the stem; while the soluble matter arising from the oxydation of the humus at its roots will be deprived of its oxygen by the current, and deposited in the various parts of the trunk, as this chemical action deprives it of solubility.

So striking is the correspondence of these changes with what is to be observed in the process of digestion in plants, in the circulation of their juices, and the evolution of oxygen from them during the day that we can scarcely hesitate to ascribe these functions to the operation I have described. Indeed, so far as regards their dependance on chemical action, we may readily recognize a complete identity between the living principle of plants, and voltaic

electricity. The growth of plants, and the manifestation of their vital properties, commence as soon as the temperature permits the oxidation of the humus; when this chemical action is arrested the powers of life resume their dormant condition; as it proceeds with rapidity the plant seems to increase in vigor, and when it is accelerated by heat or by the application of manures, the invigorating effects are visible in the luxuriance of vegetation which the several parts of the plant exhibit. We could not conceive a better medium than electricity for transmitting to such distances the effects of chemical forces, for propelling the various juices of the sap through vegetable tissues, or for causing the several chemical changes which they undergo; while the structure of vegetables is peculiarly adapted for the successful action of this great decomposing agent. According to the common notion of vital functions, the narrowness of vegetable cells presents more inconvenience than utility for the digestion and for the circulation of their fluids; but considered as the instruments of galvanic action, they furnish the most admirable means of effecting the object for which they are designed.

Without noticing the various absurd and unsuccessful attempts to account for the circulation of the sap, I shall endeavor to show that it necessarily proceeds from galvanic agency. It has been proved by satisfactory experiments, that the sap ascends by the woody cells of the tree, and descends by the bark. This course corresponds so exactly with that which the currents of electricity must necessarily take, as to leave no doubt as to the part they act in causing its motion. Experiments also prove the capability of such currents to effect a similar transfer of fluids. If a solution be divided into two parts by a membrane or a porous partition, all other means of communication being prevented, and the wires of a galvanic battery be immersed in each portion, the liquid will pass through the membrane in the direction of the current, and will rise above its level at one side of the partition while it sinks at the other. A similar result will be observed when a membrane is acted on both sides by two different solutions; and many experiments show that, even in this case, the transfer is due to currents of electricity arising from the unequal action on both sides of the membrane. Another experiment, however, will afford more conclusive evidence in regard to the motive power employed in propelling vegetable juices. When two liquids communicate with each other through a capillary tube, for the walls of which they have unequal degrees of affinity; the liquid which has the greatest affinity will be absorbed most energetically into the tube, driving the other before it. In this case we have all the conditions for producing a galvanic current, from the unequal action at each end of the tube, and the two different conducting mediæ between them; and the current will move in the direction in which the fluid is propelled, and must evidently be regarded as the moving power.

The last experiment has been adduced by Professor Draper to sustain another theory in regard to the motion of the sap. He supposes that the vegetable juices have an affinity for the cells in which they circulate; that this affinity diminishes with the elevation; and to this variation he ascribes the motive power of vegetable fluids as well as the circulation of the blood in animals. It appears, however, that the affinity of the sap for the cellular tissues, and the variation it undergoes, rest on a gratuitous assumption; and even if such an affinity did exist, the chemical action it should occasion would be fatal to the continuance of the circulation for any considerable period. On the other hand, regarding electric currents as the motive power, their production does not require any changes except such as are universally recognized as occurring in the soil, and which do not involve the destruction of the vegetable tissues, but only of the humus which encompasses the roots, and by its decay, is a fertile source of vegetative power. Neither does this doctrine conflict with the fact that the circulation of the sap continues for some time after a tree has been cut down or separated from the soil. The conditions for the circulation of galvanic currents, are still presented by the fermentation of vegetable juices, which proceeds more vigorously at the bottom of the tree than at the branches, where it is prevented by evaporation.

If we admit with Draper that some new agency is required to co-operate with the heart in propelling the blood in the human system, the same principle will show the origin of a motive power much less hypothetical than that which he has described. The unequal action which the air exerts on the blood at the lungs, and at the extremities of the vessels, must furnish one of the conditions for the circulation of galvanic currents. The greater quantity of carbonic acid evolved from the lungs, proves that the oxygen of the air acts on the blood they contain with increased energy; and this evidently arises from the presence of moisture in the air they receive. The disposition which air acquires for acting on all substances is considerably augmented by the presence of water or watery vapor. This curious fact is exemplified in the rapid oxydation of metals by a moist atmosphere in the manufacture of sulphuric acid where the agency of water or steam causes the sulphur to gain an additional equivalent of oxygen from the air, and in the slow combustion of phosphorus which does not consume all the oxygen enclosed around it, unless it be in a moist state. The effect of moist air on organic bodies is still more decided, and it is, perhaps, on this account, that some individuals have been found capable, in dry air, of supporting with impunity a temperature which would instantly disorganize their tissues and destroy life, if the air contained any considerable amount of moisture.

We have several reasons to believe that the difference of constitution which nervous and arterial blood exhibit, must be also attended

with a difference in the power with which they conduct electricity. The less rapid coagulation of venous blood shows that chemical forces exercise less influence on its component parts, and are more easily controlled by galvanism, if the capability of this agent can extend so far; and we have no reason to suppose that organic bodies should be exempt from its action. The venous blood therefore will offer less chemical resistance to the passage of electricity, and will be accordingly endued with a better conducting power than exists in the more highly organized and more coagulable fluid in the arteries. In the blood-vessels, therefore, we have the conditions for the circulation of electric currents, proceeding to the surface of the body along the arteries and returning by the veins; and these currents seem to serve as an important auxiliary to the heart in impelling the blood, especially through the capillaries, while in the lowest species of animals they seem to act in some measure independent of the great central organ.

From the illustration previously given (p. 533) it appears that the chemical action which growing plants perform can be identified with that which might be expected to result from the operation of the galvanic currents originating from the causes I have described. Indeed, these currents could scarcely pass through any compound under the favorable circumstances presented by vegetable tissue, without effecting a decomposition, and the separation of oxygen from vegetable juices is, in fact, nothing more than an exertion of the same power so frequently manifested in the deoxidation of various inorganic bodies. The connection between the action of the Voltaic pile and that of the growing plant, will appear sufficiently obvious, whatever view we may take of the manner in which both perform chemical changes. If, in the decomposition of an oxide, for instance, the negative pole of the battery repels the oxygen, or attracts the element alone with which it is combined, the stem and branches which constitute the negative pole of the plant must manifest a similar repulsion for the oxygen in its juices, or an exclusive attraction for the residual substances of the sap, and in either case a portion of their oxygen will be liberated. If we suppose that the chemical action of electricity depends on the interruption of the current, a separation of oxygen must necessarily result from the manner the current is interrupted in vegetables, especially at the leaves and at the extremities of the roots and branches.

This theory which seems to be the most plausible that has yet appeared in regard to electro-decomposition, will furnish a satisfactory explanation of the absorbent power which the extremities of the roots of plants have been found to possess. If these parts of the roots have a less affinity for oxygen than the adjacent humus has for the same element, the unequal oxydation which takes place must cause currents of electricity to move to them from the decaying organic matter, conveying to them supplies of vegetable food.

But no body can have a less disposition to oxidate than one which is parting with its oxygen; so that, as far as chemical action is concerned, we recognize the conditions for causing galvanic currents to move towards the spongioles of the roots; and for small distances, the conditions in regard to conducting mediæ are presented by the solid materials of the soil. From these principles we may account for the elongation of the roots, the formation of tubers at their extremities, the growth of fruit at a similar position in respect to the branches, and the tendency which roots manifest to direct themselves to rich manures which ferment with the greatest rapidity.

With respect to their capability for controlling chemical affinity, or for arresting its actions, we find, on a diligent examination, a perfect identity of vital and electric forces. In several experiments, Davy found that an acid may be conveyed through an alkaline solution without forming a salt; and even in such circumstances the property of affecting colored tests seemed to be destroyed. We should therefore infer by induction that the currents circulating along growing plants, must suspend the action of oxygen on their juices and tissues, and arrest the process of decay which proceeds with such violence on the extinction of the vital principle when the galvanic action is suspended. Many chemists indeed maintain that, in the experiments of Davy, the acid and alkali actually unite, and are decomposed; or that in such cases they undergo a series of alternate combinations and decompositions, before they are exhibited in a separate form. But we are also at liberty to suppose in like manner, that according as the oxygen unites with the vegetable compounds, it is separated from them by the galvanic currents, and even this process must arrest the progress of decay presenting to it the same barriers which appear to confine its destroying agency during the continuance of life.

From the leading facts in regard to digestion and respiration in plants, we may derive additional evidence respecting the nature of their assimilating power. It has been found by careful experiments, that plants emit carbonic acid, not only at night, but even during the day. If the air surrounding a plant in a glass receiver be entirely deprived of its carbonic acid, a fresh portion of this gas will always be formed, even when the experiment is conducted under the direct rays of the sun; while at the same time if air contained a moderate quantity of carbonic acid, it would be partially decomposed and replaced by oxygen. The cause of these singular facts may be readily explained. It must be recollected that in plants the galvanic currents are generated by the oxydation of the humus, a process in which carbonic acid is produced, but during the day their intensity is increased by the co-operation of the solar rays and by the evaporation from the leaves. Now with the most perfect arrangement that could be contrived, galvanic currents could never separate from a compound more oxygen than was expended in giv-

ing them existence, if they were produced by oxydation. But from the loss of chemical force which must be attendant on all voltaic mechanism, the oxygen consumed in causing the circulation of electric currents, is always less than that which is disengaged by their action. This is true when the decomposing power proceeds exclusively from the chemical action at the roots which consists in the oxydation of the humus. Accordingly, when this is the only agent concerned in the production of galvanic currents, (as is the case at night,) more oxygen is consumed than is liberated by plants, but during the day the quantity liberated preponderates, as at this time, the evaporation from the leaves and the solar light must serve as important auxiliaries to promote the decomposition. On the same principle we may account for the evolution of carbonic acid from germinating seeds, from buds, from flowers and from the fungi; though their growth is evidently attended with the same assimilating process which occurs in other specimens of vegetation. These phenomena have been generally ascribed by vegetable physiologists to an alteration in the functions of plants and in their assimilating process, though the exact point at which the transition takes place has not been clearly defined; and the complete alteration which is supposed to occur, has neither been proved by experiment, nor traced to any discoverable law.

The action of growing plants is not exerted exclusively on carbonic acid and compounds of carbon, but like the galvanic battery, is capable of effecting other kinds of decomposition. According to Sprengel, nitric and sulphuric acid, when absorbed by their roots, are decomposed and deprived of oxygen. When plants grow in a soil containing much common salt or chloride of sodium, they emit chlorine gas, a fact which proves the occurrence of decomposition of the same nature as that resulting from voltaic electricity. The supply of soda in sea-weed is evidently due to an action of this kind, and the same may be asserted respecting the quantity of inorganic substances found in terrestrial vegetables. If these ingredients occur in them in a much smaller amount than compounds of carbon, it arises from the feeble affinity of the latter element for oxygen at a low temperature. In such circumstances the carbon has little disposition to unite with the oxygen from which it has once parted, and accordingly their separation frequently takes place by the slightest effort of galvanic energy, while it requires little co-operation from the mechanism of vegetable tissue. Some time since it was observed by Liebig, Morren and others, that water emitted oxygen, not only in presence of plants, but even when it was deprived of every trace of microscopic vegetation; but instead of investigating the natural causes which might decompose the carbonic acid the water continually absorbs from the air, they have concluded, in defiance to all facts and experiments, that the oxygen is furnished by the minute animals with which the fluid abounds.

The structure of vegetables, at the same time, lends important assistance for the reduction of carbon, and for the various transformations to which it is subject. Indeed, in every department of organic nature an intimate connection may be traced between the fineness of the tissues and the difficulty of the chemical operations they are destined to perform. The formation of oils in the vegetable kingdom requires the separation of the greater portion of oxygen from the carbon and hydrogen with which it is associated, in the substances which serve as the food of plants. It is accordingly observed that oils and oleaginous compounds, when they occur in plants, are found enclosed by glands, which are supposed to secrete them, but which evidently act like the porous partitions to which I have so frequently alluded, and in a passive manner become instrumental in effecting the energetic decomposition to which oils owe their existence. The glands and membranes of animals seem to perform a like office, rendering the affinity of bodies within their reach controllable by feeble agents of decomposition, and the passive agency they exercise may give rise to the production of gastric juice, of mucus, of saliva, of sebaceous matter, of pancreatic juices, and the other fluids which appear to be secreted by the glands of the living body.

As the presence of membranes, however, would be of little utility for these purposes, without the concurrence of electric currents or some agent capable of decomposing organic compounds, it may be necessary to show how these powers might originate. A membrane of very delicate texture and almost impervious to solutions, might bring into play the insensible currents of electricity which pervade the earth, and might render them efficacious for the slow changes peculiar to living beings. But apart from this, it appears (p. 534,) that galvanic currents circulate along the veins and arteries, and these must either cause chemical action themselves, or give rise by induction to other currents which may be better adapted to effect the same object.

Without pursuing this inquiry any farther, I shall proceed to notice briefly the process of ossification which presents us with another interesting instance of the admirable arrangement to be found in organized bodies, for overcoming the force of affinity. The tissues of the cartilages, as soon as they are developed, must render the most feeble voltaic currents traversing them, capable of effecting a decomposition which reduces the phosphate of lime that the blood supplies, from a soluble to an insoluble state. This is probably accomplished by the separation of part of its phosphoric acid. At a more advanced period, the periosteum exerts the same influence in producing a similar decomposition, and a deposit of osseous matter on the external part of the bone. Even the tissues of the muscles and tendons, as might be expected, appear to take a part in promoting this galvanic process, and the effects they produce are visible in

the processes and the elevations which generally occur at their origin and insertion to the bones.

The formation of the shells of the Mollusca has an intimate connection with ossification, and proceeds nearly in the same manner and by the operation of the same forces. The membranes of the animals these shells enclose, afford the requisite conditions for the action of galvanic currents, which are enabled by this means to reduce the lime that comes within their influence to an insoluble form. The deposit of calcareous matter accordingly takes place on the inner side of the shell, to which the lining membrane is attached; and it must be interesting to observe the near resemblance it bears to those metallic deposits produced by the action of feeble currents of electricity, the place of the living membrane being supplied by a porous cup, which serves, in a less perfect manner, to fulfil the same conditions. The membranes of the coral insect perform a similar office in causing a firm deposit of carbonate of lime, and rearing these immense structures which are designed in after ages to sustain extensive tracts of arable land and human habitations.

But though various substances are compelled to submit to chemical decomposition in consequence of the peculiar mechanism of organic bodies, yet the incipient stages of organization could only proceed through the medium of some substance more pliable to the influence of electricity, and ready to yield to its action without the concurrence of organic tissue. Without some substance endued with this property, we could assign no cause for the origin of cells or tissues, as their formation involves a decomposition which can receive no co-operation from the cellular structures yet unformed. The vitalist may content himself with ascribing the origin of all vegetable and animal tissue to some inscrutable agency whose operations are not directed by any known laws of nature, but are altogether dependent on the wise end resulting from the works they are called to perform. But such views, however sublime or ennobling they may be, should not deter us from pursuing our inquiries into the secrets of vital action, and from endeavoring to ascertain the manner in which the great objects of organic changes are attained, and we ought to reflect that men would be deprived of all the advantages which science has hitherto afforded, if they had been content to ascribe all mysterious phenomena to supernatural agency, instead of seeking a clue to their mode of action, in the operation of natural causes.

The properties calculated to render an element suited to take the lead in the changes attending life and organization, seem to be confined, in a great measure, to carbon and its compounds. At a low temperature it possesses so feeble an affinity for oxygen, that it readily parts with this element by the influence of light and electricity, and from the facility with which carbonaceous compounds are moulded into various forms by the latter agent, enable them to serve

as the instruments for causing more difficult decompositions. For this purpose no substance seems capable of serving as a substitute for carbon, in the incipient formation of cells and organized tissues. We have seen, indeed, that several inorganic ingredients submit to the feeble currents of electricity, or to the assimilating forces in living bodies, and they constitute a large proportion of the solids of which the frames of animals are composed. But these transformations take place only when they are promoted by the instrumentality of the tissues previously constructed of organic materials, and in the absence of this fabric there is no elaboration of mineral matter. Ossification is completely arrested by the removal of the periosteum from the bone; the growth of shells proceeds only when they encompass living animals; and the first development of coral takes place only around living insects, though the calcareous cells, when once formed, receive new accessions of lime which their peculiar structure renders them capable of reducing to a solid form. A similar transformation takes place in the consolidation of aqueous deposits, as the physical constitution of the sedimentary strata must act like vegetable tissues or porous partitions, in preventing the mixture of solutions and the play of affinity, and thus contribute to the efficacy of decomposing forces.

The manner in which cells are formed may be more readily comprehended by taking a preparatory glance at the crystalization of salts. By some writers this process is ascribed to the manifestation of some species of vital energy; but a more careful investigation will enable us to trace it to the influence of physical causes. The power which retains salts in solution may be regarded as a very feeble affinity, and its force, when the solution becomes saturated, is so far diminished that it readily yields to the slightest manifestation of electric power. At this conjuncture, the currents of terrestrial electricity separate the salt into crystalline forms, and the direction in which they circulate, determines the position of the planes by which the crystal is bounded. It would appear that the separation of caloric from the salt, constitutes an important part of the electro-decomposition which occurs, and accordingly crystals contain a very small quantity of caloric, as is evident from the degree of cold produced by their liquefaction.

The constitution of organic matter placed in similar circumstances, renders it still more liable to be affected by the operation of such feeble forces. The variation which occurs in the solubility of organic compounds, and in their affinity for oxygen contributes to this object in a remarkable degree; but the effect is principally dependent on their specific gravity, which differs little from that of water. The formation of crystals chiefly proceeds from the reduction of the force with which a salt is retained by water when the solution approaches the point of saturation. But the weight or gravity of the particles of the salt must cause them to separate from

the water before it is possible to attain that degree of absolute saturation, at which the force of affinity, which keeps them in solution, is completely annulled, or reduced to the lowest conceivable intensity. As the specific gravity of the salt, or body in solution, approximates to that of its solvent, this force admits of a greater diminution; it may be reduced to an inconceivably small amount when both are of equal densities, and this change must operate favorably for the interference of the imponderable agents. Now many vegetable and animal compounds, especially albumen, fibrin, gelatin and vegetable extract have very nearly the same specific gravity as water; and accordingly, when their aqueous solutions arrive at a certain pitch of concentration, they yield to the slightest manifestations of galvanic power. The current of electricity arising from any chemical changes in the solution, or from extraneous causes, may, in such circumstances, be adequate to the consolidation of such bodies, giving them a definite form; and it is to this kind of action that we must ascribe the coagulation of the blood, of albumen, and of vegetable extract, as well as the fibrous formations with which the process is frequently attended. But when these substances are connected with the organs of a plant or the living body of an animal, they yield to the assimilating forces peculiar to organism. The galvanic currents circulating along the fibres already formed in a plant, will necessarily generate secondary currents of a sufficient intensity to mould the plastic materials into a new set of cells and tissues.

This process appears to take place in the following manner:— From the solution in which it previously existed, the organic matter is precipitated in regular structures, the form of which will be determined by the currents of electricity circulating in the pre-existing tissues. Whenever these are inadequate to the direct formation of vegetable tubes, the organic matter is chiefly under the control of the galvanic influence emanating from its own decomposition. This action gives rise to a formation of cells around nuclei, where the particles of precipitated matter collect and decompose, and the galvanic currents emanating from these changes constitute the agency employed in constructing cells, and cause the circulation which has been observed in them. The walls of the cells act as barriers to prevent the play of affinity, and they bring the organic matter under the control of less potent assimilating forces by which a number of the cells are transformed into tubes. In this manner, the descending sap, or the solid matter it contains, is moulded into vegetable cells and tubes, which serve for the purpose of effecting transformations of a more difficult character. The first tissue thus formed is of a very frail and perishable nature, being, in a great measure, indebted for its origin to the want of a sufficient quantity of water to dissolve the materials of which it is composed; but it acts an important part in impeding the mixture of the fluids which

form the sap, and thus facilitates the galvanic action which soon calls a more permanent structure into existence. As the water is freed from the matter expended in the latter operation, it acquires the power of dissolving the frail fabric previously formed, which is accordingly dissolved or absorbed, and furnishes the materials for more durable tissues. From this proceeds that partial obliteration which attends the conversion of cells into tubes.

This doctrine does not depend on theory alone. The observations of Schleiden and others have shown that the development of a cell generally takes place around a certain nucleus; that this becomes obliterated as soon as the cells are formed, and that a circulation of currents takes place between the nucleus and the other parts of the cells, in a direction similar to the course of the sap in plants, or to the route which electricity pursues in galvanic circles. The fibres which occur in vegetables appear to be formed by a more direct action of the assimilative agency, combined with the peculiarly plastic nature which organic materials possess.

When we consider that the matter composing the first rudiments of organic forms is moulded with such facility, and that, at this period, it yields to every impression from electric forces, it is not surprising that a common character should be transmitted to each fibre of a plant with such unerring accuracy, and that every leaf of a plant should faithfully bear such a conformation of tissue as may enable us to recognize the kind of plant on what it grew. But the most wonderful manifestation of this law, or the result of the causes from which it originates, is to be witnessed in the manner in which seeds receive the character which enable them to produce plants of the same species as their parents. Now an examination of the seeds of most plants, even by the unassisted eye, will enable us to recognize in them distinct forms of tissue which have been imparted to them during their growth, and which become more clearly marked as they reach maturity. The first impressions which determine the character it is to assume, and to transmit to its posterity, are communicated to a seed at the earliest period of its growth, perhaps on the first development of the pollen grains, or on the transition of the materials composing them from a liquid to a solid form; and the impressions received at this incipient stage of existence, are retained with some slight modifications from the subsequent action of the growing plant.

The germination of seeds, as I have shown in a former essay, proceeds from the unequal oxydation which takes place in the plumule and the rosette, and which is much greater in the latter. This action, together with the concurrence of two different conducting media between the parts of the seed where it occurs, is sufficient to give rise to a circulation of electric currents, which serve as the great assimilating agent for constructing the whole vegetable fabric. I have likewise shown that the development of buds progresses in

the same manner, and is caused by the unequal oxydation of the vegetable juices at those parts of the plant where they appear, together with a similar constitution of the parts for affording a passage to electricity.

The elongation of the branches and young stems, in the early stages of their development, seems to merit our next consideration, since it must be regarded as the most prominent fact connected with the enlargement of vegetable structures. After the appearance of the tender shoots, it may be observed that the softer parts gradually undergo a considerable increase of length, which ceases only when they are much augmented in strength and solidity. This phenomenon reveals to us the existence of a force exerted in the direction of the fibres of plants, serving to antagonize with the force of cohesion; and, like other powers of nature, observing a limit beyond which its intensity cannot extend. From the small mechanical effect which generally attends manifestations of electricity, it would be hardly suspected, at first, that this agent could produce so powerful a strain along the vegetable fibres; nor could the result under consideration arise from the mere introduction of materials into the tissues, as this should occasion an equal expansion in every direction. But there is much reason to believe that the peculiar mechanism of vegetable tissue, by suspending the action of affinity, must increase the energy of its antagonistic or opposing forces, and render them more available for mechanical as well as for chemical purposes. The weight of the atmosphere is only apparent on the formation of a vacuum; and its elasticity can only be recognized on the removal of the pressure which neutralizes its effects. In like manner it would be natural to expect that, on the removal of the conditions which bring affinity into play, electricity with the aid of a suitable medium to exert its action, should be capable of engendering the same amount of power which would arise from the chemical forces which have been excluded from participating in the result, or deprived of their ordinary influence. Though not susceptible of rigorous measurement calculation, chemical forces may be readily shown to be much greater in intensity than might be anticipated. To deprive oxygen of its gaseous form requires no very great effort of affinity, yet it has been found impracticable, by any effort of mechanical skill to effect a similar condensation, or to overcome these repulsive forces from which the gas derives its elasticity. But affinity, though so much superior to other forces, must be considered as less powerful than electricity, on account of the readiness with which this agent performs decompositions. Now the cells and ducts of vegetables prevent affinity from destroying the force of the galvanic current, and this accordingly exerts a strain similar to that arising from chemical forces, but acting only in one direction, and tending to elongate the softer parts of a plant. Indeed, if we suppose that the whole force is exerted only on the flu-

ids of the sap, and also take into consideration the energy displayed in the transfer of elements in opposition to affinity, the fineness of the tubes, and the adhesion of the liquids to their sides; we should conclude that the passage or the transfer of elements through them, should be attended with a longitudinal strain sufficient for the effect I have described.

A clear idea of the nature of this operation may be easily obtained by studying it in connection with an action of the same character, which takes place in the animal tissues, and which, though somewhat more curious and incomprehensible, is referable to the same agency. I allude to muscular contraction, in which we recognize the existence of a strain, similar to that which has been noticed in young twigs, but exerted in a different direction. It is well known that the muscles may be made to contract very forcibly by means of electric currents of very low tension, and this singular phenomena has been generally ascribed to various hypothetical causes; but a little reflection will show that it requires only the exertion of the same power which is manifested in the decomposition of bodies. The appearance of each element at different poles, evidently proceed from a force which solicits them to the points at which they are liberated. In accordance, however, with the facts which experiments on this department of science have brought to light, it does not seem admissible to suppose that either chemical or electrical force exercises any material action, unless at insensible distances; but this principle presents no difficulty to a satisfactory explanation of the operation. This will appear evident from the circumstances attending the decomposition of water. The attraction subsisting between the oxygen and the positive electricity, (even though this force should operate when they are in contact,) would be sufficient to ensure for the galvanic current a passage through the water, while the same attractive power will cause the oxygen to accompany the current and abandon the element to which it had been previously united. The hydrogen must be abstracted by the negative current, which, according to the theory of Dufay, circulates in an opposite direction, and in this manner the decomposition is effected.

The union of the electricity with the elements it transfers, must cease when they arrive at the poles of the battery. Indeed oxygen and the other ponderable bodies could not be caused by any power with which we are acquainted, to partake of the velocity with which electricity traverses metallic wires, or other good conductors; and even much less considerable changes in velocity will cause an impulse sufficient to rend the element from the imponderable medium with which it was associated. Hence arises the disengagement of elements which occurs at the extremities of the wires, or at those places where the current is interrupted. It is evident, however, that a similar occurrence takes place more frequently between

the wires, although it is not generally perceived. A ponderable fluid could be scarcely passed through another, if there were any points of contact or communication between them, without becoming partially blended; and the moving fluid should at least exchange particles with the medium through which it was transmitted. It is, therefore, reasonable to suppose that the particles of oxygen transferred by the currents of electricity are frequently exchanged for others which are encountered in such immense numbers, and are equally exposed to the influence of the imponderable agent. Such an interchange of elements or ingredients occurs in the decomposition, not only of water, but of all compound bodies, and in this manner we may account for the chemical action of galvanism, and the phenomena connected with it, for which the present modes of explanation are admitted to be so unsatisfactory.

From the principles on which I have explained this transmission of galvanic forces in the two last paragraphs, it is evident that the component parts of any compound body subservient to their influence, must be solicited to each pole with a force equal to that which electricity exerts at insensible distances. I have already shown that this is very considerable when the antagonizing force of affinity is partially removed, and this happens in muscular tissues, in which the fluids they contain are prevented from blending together. Accordingly, on the passage of galvanic currents along a muscle, the fluids enclosed in its different parts, and the materials of which it is composed, will be strongly attracted to each extremity; and their powerful tendency to move from the positions they occupy, will be sufficient to cause muscular contraction. It is necessary however that the blood should furnish a suitable supply of fluid materials on which this chemical action is to be exerted, and hence we may account for the fact that muscles submitted to this treatment soon lose their contractile power, but recover it when the operation has been for some time suspended. In these operations there is very little demand for the cohesive force of the muscles, and indeed it may be observed that the passive strength they possess seems wholly inadequate to the strains to which they are subjected. This singular fact has given rise to the opinion that a great diminution of strength takes place in muscular fibre, on the extinction of the vital principle, but even during life, passive strains appear to be equally injurious to them, and betray the frailty of their mechanical constitution, notwithstanding the magnitude of the works they are called to perform.

These facts favor the opinion, that in the living body, electricity plays an important part, in causing the muscular contraction by which the motion of our limbs are occasioned. It must be recollected, however, that the passage of electricity along the muscles will gradually remove the substances to the place to which they are attracted; and that a continuous current must give them a tendency to retain their positions instead of changing it, and can no longer

produce any manifestation of muscular force. The contraction of the muscles, so far as it depends on electricity, requires a frequent interruption of the current, or that its course should be reversed, for the fluids in their extremities will now be solicited to places different from those they have previously occupied. Hence the astonishing effect which secondary currents produce on the muscles, while the primary current, from which they originate, but which always proceeds in the same direction, has a much less contractile influence. Now it is well known, that the direction of a galvanic current may be reversed by merely suspending the chemical action from which it originates, or lessening the rapidity with which it proceeds. Should the nerves possess the power of effecting this object it would be easy to understand the cause of the control they exercise in muscular contraction, and I intend to show at some future time that this is the manner in which their influence on the muscles is exerted.

SURGICAL QUACKERY.

MR. EDITOR :—I take this opportunity to report to you for publication, in the Medical Journal, a case of scientific surgery, or, more properly called *regular quackery*. The subject of the case was Joseph Boden, aged 26 years, resident of Brown county, Ohio. Mr. B. was thrown from a horse, which produced a compound fracture of the leg, causing a protrusion of a portion of both tibia and fibula. Dr. Elsbury, professedly scientific, was called. He pretended to have reduced the limb and to have adjusted the fracture, and applied a sort of fixture, made of a piece of weather-boarding, for the purpose of applying the counter-extensor, and a hard one it proved to be, as you will hereafter see. He was confined upon his back without the administration of any comfort whatever, and for the space of 39 days had the daily visits of his physician, without any attention being paid to the limb whatever. At length an extensive ulceration took place at the orifices made by the protruding bones, as well as at the ankle and above the knee where the ligatures were applied, which was done for the purpose of producing the effect of counter extension, and by this time he was very much reduced in flesh as well as spirits. His hips were worn through and also his shoulders, until the bones were almost bare. The attending physician, by this time losing confidence in his own skill, requested counsel—sent for Dr. Buckner, of Georgetown. On the 40th day he arrived, accompanied by two students, and then prepared for an amputation. He, Dr. B., after consulting with Dr. E., declared before a large audience that everything had been done that could have been done for the patient, and that his limb had been scientifically treated—that there was now no other alternative but an amputation below the knee, and perhaps the second amputation would be neces-

sary above the knee. The patient soon concluded the matter, and firmly told them that he would not have but one burial of his body, which would save expense, and told the doctors they might go home. The doctors told him he "might live, and the limb heal," but that the bone was dead and would never unite, and would always remain flexible and act as an artificial joint. We were called on the 41st day, and on learning what had been done, and after examining the case, we immediately removed the apparatus they had applied, with still more force than before, in order to make the patient yield to an amputation. We then went the distance of three miles to procure the assistance of a mechanic to construct an inclined plane—returned in the evening, and after removing several pieces or spiculæ of bone—dressed the limb, applied the inclined plane, and let him turn on his side and bend his leg, which gave him the first night's rest he had got in 40 days, and, sir, in 15 days he got out of bed, and by the aid of two chairs went to the door, and fifteen days afterwards came to my house and stayed with us ten days—rode back to Bethel, and then walked home, a distance of 3 miles, all in one day less than he was preparing for an amputation; and now, sir, he has as sound a limb as he ever had, but he has not outgrown the scars on the ankle and knee, hips and shoulders which were much longer healing than the wounds made by the fracture.

AMELIA, O.

BURTON HUBBILL.

CONVULSIONS FROM THE SPINAL COLUMN.

MR. EDITOR:—A number of persons from a distance called at Dr. G. Miesse's, Greenville, Dark county, O., with a view to be put under the influence of galvanism. Among these was a lady of about 35 years of age, who continued to be most wonderfully agitated after the fluid had been suspended. Her muscles were jerking and twitching, and her teeth gnashing so as to shake the room in which it occurred. She was quite a frightful looking object. The Doctor (not looking *very* natural himself,) was busy to prevent such an object from leaving his office. He tried the inhaling of Sulphuric Ether, but this would only give her temporary relief, followed by a return with great violence. He commenced to examine her spinal column, and having found a tender place on the seventh vertebræ, he rubbed it with a mixture of Ext. Datura Stramo. 3i., and Spts. Camphor 3i., and in 5 seconds she was as well as ever, to the utter astonishment of the whole crowd.

M.

Part 2.—Miscellaneous Selections.

DYSENTERY; ITS HYDROPATHIC TREATMENT.

BY JOEL SHEW, M. D.

Treatment of the Acute form.—The indications of treatment in acute dysentery are :

1. To subdue the general fever.
2. To mitigate the pain.
3. To support the patient's strength.

This is a disease emphatically of inflammation. If there is much pain attending it, we may know that intense inflammation exists; so also of the tenesmus and the discharges. Entire constipation of the natural discharges that almost always takes place, is also an evidence of the highly inflammatory state of the system generally.

The best authors who have written on this disease, agree as to the propriety of the sedative, antiphlogistic or anti-inflammatory plan of treatment. There are, of course, a great variety of ways in which this may, to a greater or less extent, be accomplished. Purgatives have the effect of reducing feverishness; sweating medicines, too, and more especially bleeding within proper limits have this effect. But a very important question arises in reference to all these modes—modes, too, which have been for so many centuries resorted to by the greatest, wisest and best of men in the profession—whether they do not often cause more harm than good in this formidable disease. Any one who will take the trouble to read all the various modes that have been and are resorted to, and that by the most competent and skillful of the profession, will also see that there is among such writers a great want of system and uniformity, and that often one recommends a method diametrically opposed to that of another. But, as before remarked, the *antiphlogistic plan*, is that which is aimed at by most practitioners in this disease.*

* "The medical treatment of dysentery," says Dr. Good, "has given rise to much warfare of opinion.

"It is impossible to contemplate the conflicting opinions which are given us respecting this mode, by the monographic writers on tropical diseases, without as-

But how are we to produce in the safest, best and most effectual manner this sedative or antiphlogistic effect upon the system? This must be a serious question with every intelligent and conscientious practitioner of the healing art. Shall we go upon the plan of the most eminent practitioners of Cullen's time, who regarded that the disease is to be cured most effectually by purging, assiduously? Or, shall we regard Cullen's own opinions, that "the most gentle laxatives are sufficient; and as they must be frequently repeated, the most gentle are the most safe; the more, especially as an inflammatory state so frequently accompanies the disease?" Or, if this do not succeed, shall we bleed the patient freely as recommended by such authorities as Sydenham, Elliotson, Dewees, Mackintosh, Watson and others? Or, shall we give twenty grain doses of cal-

tomishment; and the only mode of reconciling them, is to suppose that the constitution is very differently affected by mercury under different circumstances; and that, while in some epidemics and sporadic cases it produces all that benefit which *a priori* we should expect generally, in others it entirely fails, or even proves mischievous. Dr. Jackson, Dr. Billingall, and Mr. Bampffield, feel justified in employing calomel merely as a purgative; while the second, though he regards it as of the highest importance in chronic dysentery, found even ptyalism itself unsuccessful in the acute form. Dr. Johnson esteems it of high importance as a purgative, but of the utmost moment as a sialogogue. He unites it occasionally with bleeding, with anodynes, with diaphoretics, or with all; but each of these is subsidiary to its powers, and may often be dispensed with.—(*Influence of Tropical Diseases, &c.*, p. 202).—Mr. Annesly unites it in the same manner, but takes every method in his power to prevent it from becoming a sialogogue. In any of the diseases for which he prescribes it, as fevers, dysentery, and liver complaints, he gives it in scruple doses in each. "I never wished," says he, "to see the mouth in the least degree affected. Whenever this happened, I considered the salutary effects of calomel interrupted, because its use must be then discontinued; and it was my object to act upon the secretions of the intestines, to diminish muscular action in the intestinal canal, and not in the most remote degree to act upon the salivary glands."—(*Practical Observations on the Effects of Calomel on the Mucous Surface, &c.*, Lond., 1825, 8vo.)—Mr. Cunningham, late surgeon to the sceptre in the East Indies, boldly employs it alone, and regards everything else as impeding its course. He does not even stand in need of alvine aperients of any kind, and prefers scruple doses to smaller preparations, because it does not in this form so readily excite the alvine discharge, so as to be carried out of the system by stool; and, administered it in this way, he fearlessly asserts, and the tables of his practice serve to justify his assertion, that "it is an almost certain remedy for dysentery, in hot climates at least. [Dr. Renton, of Madeira, after having given a trial to almost all the various modes, from copious blood-letting down to the oil of turpentine, feels himself justified in stating, after some years' experience, that, in the treatment of the dysentery in that island, "mercury given boldly and perseveringly, until the mouth becomes decidedly affected, is the remedy chiefly entitled to confidence."—*Renton, in Edin. Med. Chir. Trans.*, vol. ii., p. 377.—[His plan is to give calomel every three or four hours, until the gums become sore.] And finally, for it is not worth while to peruse the discrepancy further—Dr. L. Frank assures us, that in his practice, the large doses of calomel given so generally by the English surgeons in India, proved dangerous in the French army in Egypt; and that the plan most successful in his hands, was that laid down by Sydenham, which consisted, says he, in removing irritation by gentle aperients, the use of emollient injections, mucilaginous and diluted drinks, diaphoretics and laudanum." * * * *Good's Study of Medicine*, New York, vol. i. 1836, p. 656.

What are we to think of the ordinary practice of medicine, when those among its best advocates vary so much in regard to the treatment of so formidable a disease?

omel at intervals so as to get the mouth sore (salivated) as soon as possible, as recommended by Elliotson? Or shall we use tartar emetic, large and repeated doses of opium, leeches, blisters and in short, all of the most horrible enginery of the old school? If I have studied the human system, and the healing art to any purpose; if I have practised among the sick with anything like satisfactory success, I affirm that there is a better mode than all these, more powerful and more efficient; and, at the same time, incomparably more safe, than any or all of these combined. The remedy is, moreover, as simple, cheap and universal as efficacious; it is precisely such a remedy as we would naturally expect a good, wise and benevolent Creator to place within the reach of all his creatures. It is, in short, COLD WATER.

So far, then, as general feverishness is concerned, in this, as in all other diseases,, let it be kept continually subdued by the cooling or sedative effect of cold water. IT IS THE HEAT OF INFLAMMATORY DISEASES THAT TAKES AWAY THE STRENGTH. The strength diminishes in proportion as the temperature augments. Cool and cold water, cool air, and coolness, generally, by preventing the abnormal heat, promotes the strength. Nor need the water be used very cold if the patient is weak. Even tepid water is much cooler than the blood; and, if continued for a sufficient length of time, may be made to cool the system very effectually, and this, even when the feverishness is high.

It is very necessary to watch constantly the condition of the abdomen and the head; these parts are very apt to become too hot, and the sooner all febrile symptoms are combatted, the easier they are subdued.

The Cold Hip Bath.—The second indication of treatment—the mitigation of pain—is a very important one; and here I am led to remark, if there is, in the whole range of human diseases, one instance wherein a remedial agent can be made to act in a manner most agreeably efficacious in subduing pain, it is the cold sitting bath here. In the tormina and tenesmus of dysentery, a child may be writhing in agony a great portion of the time; opiates and injections, and all other remedies fail in bringing relief; we sit or hold this child in a tub of cold water, and directly the pain ceases. We use the remedy sufficiently often, the water being of proper temperature, and we are certain of securing our object, so far as the relieving of pain is concerned. Whether the patient can LIVE is another question; but if death, even, must be the result in any given case, it is certainly very desirable that we make this death as easy as may be. This *every parent* can well appreciate.

Let this bath be used thus: a common wooden tub is sufficient, the size being suited somewhat to the patient's age. It is better to elevate the back of the tub a few inches by placing under it a brick or a block of wood. If the tub is of pretty good depth, all the

better, as we wish to have the water come as high upon the abdomen as may be; but if the tub is shallow, the water can be poured higher upon the body by means of a cup; or a sponge or towel dipped frequently in water may be used. **MAKE THOROUGH WORK IN COOLING THE BOWELS AND THEN THE PAIN WILL CEASE.** If it is a feeble child, let two persons hold it, one to support the head and upper part of the body, the other the feet outside of the tub. I would not object in some cases to having the feet in warm water at the same time. I am not certain but this would be good in all cases. I should not, at any rate, be afraid of it, if the water were not used too hot. The feet also may be rubbed with the dry warm hand, or warm cloths; or other moderately warm applications may be made. But I repeat again, *make thorough work in keeping the abdomen cool*; and repeat the necessary processes as often as heat and pain return.

Wet Fomentations, Bandages, &c.—In the old practice, some have used warm fomentations of bran, wet flannels, &c., and others have used these applications cold. It is probably well to alternate occasionally with the two, but they should not be used hot. Each will act better in consequence of these changes. But I would depend mostly upon the cold applications externally. Warmth is also good often, I will remark, to relieve pain; but we must recollect that artificial heat is, as a general fact, debilitating to the system, and that we must therefore use it with extreme caution in the treatment of disease. Patients with dysentery should wear the wet girdle a large share of the time until they become thoroughly well and strong; but it should be often re-wet, in hot weather, otherwise it would be very likely to do more harm than good, by overheating the system.

With children, and adults also if necessary, especially if there be a great soreness of the anus or external opening of the lower bowel, a heavy wet compress should be placed upon the part. With children we wet a heavy diaper and apply it as for a young infant. This may be double or treble according to the apparent necessity of the case. This does very much in relieving and preventing the soreness alluded to, the excruciating tortures so often attending the disease.

Injections and Drinks.—I do not believe it best to use very cold water internally in bowel complaints of whatever kind. Tepid or moderately warm water I now believe to be the best. *Water-soaking* the system internally, so to say, has a great effect in subduing inflammation and pain. It also dilutes morbid matters, rendering them thus less powerful for harm, so that the healing may go on much more rapidly than would otherwise be the case. I would give the patient all the liquid he desires. I would even encourage him to take more rather than less; and the best liquid of all, for this purpose, doubtless is pure soft water, the purer and soft-

er the better. People may, everywhere, have pure soft water, if they will only be at the expense, (which is on the whole a moderate one,) of catching the water as it comes from the clouds. But use even hard water rather than any other drink. Boiling the water if it be hard, improves it somewhat.

Priessnitz' Treatment.—When I was last at Græffenberg, in the winter of 1847-8, after a conversation with Priessnitz concerning his treatment of acute dysentery, diarrhœa, cholera morbus, and cholera infantum, I wrote the following paragraphs setting forth his views:

"ACUTE DYSENTERY, DIARRHŒA, CHOLERA MORBUS, AND OTHER DISCHARGES FROM THE BOWELS.—The treatment Priessnitz recommends in all diseases of this kind is very simple. Suppose it a bad case of dysentery in a child. The great reliance with him is the hip bath, always cold, if the patient is not already very weak. No time should be lost, and the treatment should be persevered in until the discharge is arrested. Cold injections he also uses if the hip bath does not readily arrest the discharge. The wet girdle about the abdomen is to be kept on constantly during the intervals when the other means are not used. As much water as the patient desires to be taken, and at frequent intervals.

"As to general ablutions, sufficient daily for cleanliness is all that he recommends to these cases; no half baths, no wet sheets, or means of that kind as a general thing. The sitz bath, injections, wet girdle, and the drinking, with spare and cooling diet—these are the means which Priessnitz has found in his great experience to be the best. If the patient is very weak, the water should be moderated a little in temperature, as at from 60 degrees to 70 degrees Fahrenheit.

"In the house where I lodge at Graefenburg this winter, (1848) there is a little boy five or six years of age that has been under the treatment for some weeks. He has just had the measles. As the disease passed off, a severe diarrhea came on. He was of scrofulous tendency, often had the croup, and also chronic tonsilitis (inflammation of the tonsils.) Priessnitz's directions for the diarrhœa were hip baths, cold, every three or four hours during the day, for twenty minutes each time; and if the discharges come on in the night, the hip bath was to be given the same as during the day. There was also practised in the case a light general treatment, such as would be suitable in any case where the measles were passing off, viz: slight general ablutions once or twice a day, with water at about 70 deg. Fah. The sitz bath had evidently a very marked effect in arresting the discharges.

"Priessnitz holds that almost every conceivable case of acute disease of this kind may be readily cured by the simple processes we have here described, if it is treated in season and with sufficient perseverance. There must be no half way work in the matter, and

there is as much need of a doctor who understands his business, or of an old woman, or some one who is perfectly competent to take charge in the matter, and see that it is properly carried out; and how many foolish, ignorant persons, wise enough in their own conceit, do we have to encounter in almost every case of water treatment in acute diseases. The mode we have described will seem a harsh and dangerous one, no doubt, to many, and there will be doctors, wise men enough, who, if they take the trouble to investigate these things at all, will declare that such a mode would be perfectly hazardous—quite certain to kill. Let these ignorant pretenders (and they are plenty enough in our country,) I say let them first learn the A, B, C of the water treatment before they assume to pronounce so sagely concerning the opinions and well-earned experience of the noble philosopher of Graefenberg. I myself have been annoyed not a little in the city of New York, by having my patients told by these would-be wise men that the Water-Cure would be certain to kill them. "Your system has not the power of *reaction*," that convenient word as little understood as it is common to use; "you will surely get your death by the water." Such are not unfrequently the expressions of those miserable specimens of humanity who know not yet the first principles of the laws that govern the human system, or of the Water-Cure as practised by its founder.

"But to return. In our cities, our hot, unhealthy American cities, where, in the summer season, such multitudes of infants and children drop off suddenly with these bowel complaints, I fear that in many cases death will be the result of such attacks, in spite of all that the best skill and judgment can dictate. So unhealthy is a great city like New York in the hot season, with its ten thousand filthy and pestilential emanations, from streets, gutters, privies, butcheries and the like; and so unwisely, too, are children reared, starved now and then, but generally over-full, crammed, as people do with their housed geese and turkies before Thanksgiving or Christmas; dosed with paregorics and other poisonous compounds from the first hour of life onward; swathed and girted up so that they could scarce exist, even if all other things were right about them;—I repeat, any practitioner that has to deal with such cases, and under such circumstances, will have trouble enough, and if I am not mistaken, will often be tempted to flee forever from a calling which is by most people so thanklessly appreciated and yet more thanklessly rewarded.

"But in the practice of the water treatment, I have often been astonished at the results obtained in these unfavorable cases, and sometimes when the patient has been given over to die, when dosing and poisoning had been carried to the full extent.

"If a child of my own should be attacked in a dangerous manner with dysentery, or of any of the bowel complaints, I presume

[should use a more powerful and energetic treatment than I should dare to use elsewhere, so great is the prejudice of the people against water, and so ignorant are physicians of its use. Why, suppose a man loses a patient and is sued for mal-practice. It might have been the best treatment that could possibly be, yet the patient is lost. Now come the wise gentry of the profession to testify. The child was killed—and then comes the indictment, or, to say the least, a heavy fine; for the value of human life is often measured by money in this world. Thus it is, if we of the water system lose a case, no matter of what kind, ten to one if we have not killed the patient. But in the calomel and bleeding practice it is another thing. A man may kill a score of patients in as many days, and so that each one be well crammed with poisons, and sent hence with the last repeated dose undigested on the stomach, all is well; the patient died *scientifically*. There is a charm in that; but we of the new practice, believing honestly and truly in what we do, and that the system is the greatest of all improvements that have yet come to man—we will undertake to teach people to die as well as to live by the water treatment. Let future times determine whether we succeed.

"I must mention a fatal case of dysentery I had in the year 1847. A very worthy friend was the father of a second child, an only daughter which he worshipped. It has been reared with great difficulty to seven or eight months by hand. It was not my patient at first. Being taken ill of dysentery, medicine was given. Then I was called upon. We practised the water treatment, and then again some medicine was given. At last the child died; and now this friend, who is theoretically tired enough of the old mode, can never forgive himself that other means were not used. "Why," says he, "when one thing fails we should try something else." This perpetually "trying" something else! Alas! how many are tried upon until they are sent to the grave."*

*Dr. Edward Johnson, well known for his advocacy of water in England, wrote a work on hydropathy at Graefenberg, 1843, in which he argued that certain applications of cold water were capable of producing *all* the effects both of *bleeding* and *blistering*—except the pain. Now, strange to say, in his late work, "The Domestic Practice of Hydropathy," he gives a very singular treatment for dysentery. (See "Johnson's Domestic Practice of Hydropathy" New York edition. 1849. pp. 197, 198.)

Why should leeches be applied if water is capable of producing "*all* the effects of both *bleeding* and *blistering*—except the pain." (See Johnson's Hydropathy, London edition, 1843. p. 171; also p. 176.)

Has Dr. Johnson changed his mind since he was with the "Peasant Philosopher of Graefenberg," as he calls Priessnitz, or does he wish to make favor with the Allopathic brethren in this matter?

And why should the patient take "twenty or twenty-five grains of Dover's powder every night," when cold water, properly used, according to Dr. Johnson's own reasoning, is the most powerful sedative known. What, too, can be the object of irritating the bowels with doses of castor oil. If the doctor has changed his mind in regard to these things, he should be consistent and inform his readers of the fact. I consider the sweating treatment as being far from the best in this disease. We

Duration of the Disease.—Dysentery, like all other diseases, varies much in its intensity. It may be the slightest thing imaginable, and from or on the other hand become one of the most violent attacks of disease that can be conceived of. An apparently healthy child may be all at once cut down—brought to death's door as it were in a single day; but occasionally the attack comes on more gradually; but it may remain for many days in spite of all treatment. In some cases the bowels will heal much sooner than in others, and as long as life remains let the friends persevere and hope.

Flagellation in Dysentery.—Dr. Good, (*Study of Medicine*, New York, vol. 1, p. 556,) quotes Dr. Darwin as giving a singular mode of treatment calculated to cause a powerfully derivative effect toward the surface, but which, as he remarks, we should not always recommend, nor find our patients disposed to carry into effect. "Two dysenteric patients," says he, "in the same ward of the Infirmary at Edinburgh, quarrelled, and whipped each other with horsewhips a long time, and were both much better after it,"

Diet.—All agree in the great importance of attention to diet in this disease. It is well understood by the best writers in medicine, that no food at all should be given so long as the severity of the disease continues. "All writers on dysentery," says Dr. Hosack, "agree on the bad effects of animal food." It adds to the septic (putrescent) state of the bowels and of the whole system. Baker, Pringle, Zimmerman and D. Monro, are all opposed to it in every form and every shape, even in the form of soups. "Not even chicken soup," says George Baker, "should be allowed in the disease;" "nor mutton broth," says Pringle.*

Dr. Dewees recommends a mild vegetable, or mucilaginous, and the shunning of all stimulating drinks and medicines in the chronic form of the disease.

"Radical cures," says Dr. Morton, "have been derived from a persistence in a diet of gum water and the farinaceous articles, conjoined to absolute rest." "The patient should be kept without food," says Dr. Elliotson; "the stomach should be allowed as much repose as possible; he should be kept very low." And the celebrated Dr. Watson, of London, remarks, "the food in dysentery should be farinaceous and simple." "Vegetable nourishment and fruits, especially in the beginning, may be given," says Dr. Cullen. Grapes are preferred by Zimmerman. "Fruits

cannot bring on sweating until the fever and inflammation have been subdued. When this is done there is no need of that process. Altogether, I consider Dr. Johnson's treatment in dysentery a very poor one; and what is worse, one which is liable to do much mischief. I fully believe that under such a treatment as he has recommended, patients would every now and then be lost, who otherwise might be saved.

*Hosack's *Practice of Medicine*, p. 368.

are not only useful in the cure," says Dr. Hosack, "but in the prevention of the disease, not only as antiseptics, but from their effects in quickening the biliary secretions." "All writers on this subject," this author further observes, "agree on the bad effects of animal food in dysentery."

Fruit a Preventive.—Most persons are afraid of fruits in times of prevailing dysentery. I was told by a very intelligent lawyer of Morristown, New Jersey, last year, that the people of that region ate freely of peaches during their whole season. Morristown is famous for its fine air, good water, and fruits. Just before the time of peaches, bowel complaints were frequent. But very soon after the fruit season commenced, bowel complaints ceased.

For a number of years I had been in the habit of keeping patients suffering from dysentery, in the autumn, on grapes during their cure. The juice only of the fruit was swallowed, and always apparently with the best results. The past season, looking over the authorities on the subject of dysentery, I found the following in Dr. Elliotson's great work on the Practice of Medicine.

"It has been supposed that fruit produces this disease; but unless the fruit be bad there is no reason to suppose that this is the case. Of course, bad fruit, coming under the head of bad food, might produce it; but the mere circumstance of eating fruit at the time when nature provides it for us, does not give rise to the disease. On the contrary, there are on record many cases of fruit having proved exceedingly beneficial. It is mentioned by Zimmerman, in his work on Experience, that in 1761, a whole regiment, in the south of France was nearly destroyed by dysentery. The officers purchased the entire crop of several acres of vineyard for the regiment, and not one man died from that time, nor was one more attacked. Tissot, a French writer, also mentions that eleven persons in one house were attacked with dysentery. Nine of them ate fruit and recovered; but the grandmother, and one darling little grandchild, had wine and spices instead, as being more comfortable, and both died. It was observed in Holland, that the worst flux which was ever known in the army, occurred at the end of July, when there is no fruit but strawberries, of which the men never partook; and that the disease ceased entirely when October arrived, and brought the grapes of which the men ate very heartily."

But it should be remarked, that even good fruit will sometimes appear to cause dysentery. So indeed the best of food might do the same, under unfavorable circumstances. Nourishment is often taken when it is not needed, and at such times the most healthful articles will cause more or less harm. People too, are very apt to attribute such attacks to the last article which they had eaten. The last food was taken before the attack, seems always to disagree; but

*Dr. Elliotson's Practice of Medicine. Philadelphia, 1848, p. 922.

it is not to be inferred from this, that the disease is brought on by the food. The true cause is often to be looked for, far back of the time when the last food had been taken. The condition of the general health, must, in all such cases, be taken into account.

It is proper here also to remark, that during convalescence in dysentery, fruit as well as all other kinds of nutriment must be taken with extreme caution. A little too much of the best of articles will sometimes cause a great amount of mischief, and lead perhaps to inevitable death. I will also here add, that whatever food is found safe and useful in so dangerous a disease as dysentery, will also be found equally so in other diseases of the bowels.

Good apples, and good and perfectly ripe fruit, fresh from the trees or vines, may be used in any case of bowel complaint. If the case be a bad one, it may be necessary for the patient to fast some days, from all food. But when nourishment is needed, the juice of perfectly ripe fruit, in proper quantity will always, I think, be found salutary and good.

Fresh air and Clothing.—Whether dysentery is capable of being propagated by means of excrementitious discharges, as many believe, or not, it is highly important that every means be taken for the thorough ventilation and purification of the air of the patient's room. Let the discharges be removed as quickly as possible from the chamber of the sick. Some have been so particular in this matter as to insist that the alvine discharges should not be thrown into the common privy but buried in the earth, as was the custom in Levitical times. The clothing of the patient should be frequently changed. The same particular attention should also be paid to the bedding. If the patient is obliged to remain in the recumbent posture, let the bedding be changed, at the very least, as often as morning and evening; and three or four times a-day would be better. Patients always feel better and more comfortable when they go to a fresh, clean, and well aired bed. It is not strictly necessary that the clothing be washed at every change; but it should be well aired either out of doors or before a fire in another room. These may appear trifling matters to the uninitiated but it should be remembered that in the treatment of all diseases, it is a combination of many small matters which constitutes the great whole.

Exercise.—In this as in all other diseases, the patient should sit up as much of the time as he can without inducing too great fatigue. Little exercise should often be the rule. But mischief is not unfrequently done in this disease by the patient doing too much at a time. One day he takes little or no exercise at all; the next he feels a good deal better, and all at once sets about walking, riding, &c., and does enough the first day, almost for a whole week. Serious relapses are sometimes thus caused.

Riding will be found peculiarly appropriate in this disease. This exercise seems almost too trifling a matter to do much good; but

when we take into consideration the influence of the constant, though gradual motion attendant on this mode of locomotion, the tonic effects of pure fresh air, and the wonderful stimulation of light, we need not be at a loss to account for the manifest improvement which occurs often from simply taking a ride.

Thus it will appear, I place great stress on what may be termed "good nursing," in this formidable disease. Let me remark, also, in this place, that when dysentery becomes epidemic, great patience must be exercised in its management. We Americans, persevering and courageous as we are, in many things, have little courage in disease. If we are not cured immediately, we must set about, dosing, and dosing the poor stomach, as if life depended upon taking every nauseous thing the drug shop affords. And so, many, by their foolishness, suffer untold anguish and lose their lives for their temerity.

Hereafter, I may perhaps give some cases in illustration of the effects of water treatment in dysentery. But I tire of such details. A strict and consistent vegetarian never gets the disease. "An ounce of prevention is better than a pound of cure."

NEW YORK WATER-CURE INSTITUTION, corner Twelfth street and University Place.

PRACTICE OF WATER-CURE.

BY T. L. NICHOLS, M. D.

Case 10.—Consumption.

An Englishman of thirty-five, a baker by trade, a smart driving man, doing a good business, came to me with an affection of the lungs of long standing. Six years before, Dr. Mott had told him that he could not live six months, but a strong constitution had thus far triumphed over disease.

His symptoms at the time he came to me, were discouraging. He had a violent cough night and day, so that he never slept over an hour at a time. He raised immense quantities of purulent matter, had night sweats that weakened him, a tendency to diarrhoea, and was so broken down that he could no longer attend to his business. On examining his lungs I could find no signs of tuberculous disorganization, but what seemed to me to be very extensive bronchial inflammation, extending over the entire mucous surface. Bad as the case was, I was satisfied of the possibility of a cure.

I commenced the treatment by making as strong an attack upon the skin as he would bear, and his constitution had still considerable strength. I gave him long packs in the wet sheet, and occasionally in the dry blankets. Every few days when he seemed best able to bear it, I gave him a powerful douche, with a smart rubbing. Let no one be misled by this treatment, and think that it would be

necessarily good for another case. My object was to excite the skin to action, and the means were adapted carefully to the end, with a reference to the patient's constitution. After a few days I made him wear a wet jacket night and day, in addition to his other treatment. A simple and spare diet, water to drink, and exercise in the open air, also made a part of the treatment.

I have never seen any person so far gone in disease improve so rapidly. In a fortnight his expectoration had diminished one half his cough was less frequent and easier, and instead of harassing him all night, he waked up but once. His sweats disappeared, his bowels became regular, and he was driving round, attending to his business, and at work in his shop, to the astonishment of all his neighbors. There was every indication, that, with continued treatment and proper care, he would have recovered; but there were two things that prevented. He wished to avoid expense, and thought he could take care of himself at home; and he was constantly driven by his increasing business.

There are few more unhealthy trades than that of a baker. The constant inhalation of the fine flour irritates the lungs; the ovens keep up an excessive heat, and where, as is usually the case, the ovens are in the basement, the whole house is filled with the carbonic acid and alcoholic fumes of the fermenting bread. A constant exposure to these causes of disease made a cure impossible. He grew worse again; and then, instead of resorting to the treatment that had been of such signal benefit to him, he took a fancy to try a sea voyage. He sailed for England, at an unpropitious season; suffered from the closeness and discomforts of a sea voyage, and died a few days after he had landed at Liverpool.

CASE 11—CONSUMPTION.

The following case, that of a lady of high respectability, in this city, was treated by Mrs. Nichols; but it is of so remarkable a character, that I wish to make a brief mention of it.

The patient is a lady of about sixty years; the mother of a family; one of the most active, energetic and amiable persons of my acquaintance. Her consumptive symptoms becoming more and more alarming, she was finally prevailed upon to have advice. The case was somewhat similar to the one last described. There was much violent coughing, profuse expectoration of a purulent character, pain in the side, night sweats, and emaciation. These symptoms, with her age, and the wear of an active and anxious life, made her case one of a very serious character.

The treatment in her case was a milder one than in the last case. She took partial wet packs at night, she slept with her chest packed in cloths wrung out of cold water, and conformed strictly to the diet and treatment appropriate in such a case. The result was very remarkable. The water, in a few weeks, brought out a crisis, over

her whole chest. At one time she had forty biles, which threw out a matter of the same appearance as that she had expectorated. With the appearance of this crisis, her cough ceased, and she rapidly recovered.

Say what we will of the humoral pathology, this is another of the thousands of cases, in which matter thrown off by means of the skin, either by the pores or in the more evident form of critical eruptions, has been simultaneous with the cure of disease of internal organs.

In cases of consumption, the treatment must be adapted very carefully to the reactive power of the patient. Were it not for this, exact directions for treatment might be given—but there must be discrimination. It requires skill, experience, and sound judgment, to say what is the exact amount of treatment a patient requires. In consumption, an error on the heroic side may do serious mischief. The lungs are liable to congestion from the application of cold, externally, and this must be carefully guarded against. Those who try the water treatment themselves, without competent advice, will do well to begin with tepid water, and partial packs. If the patient bear these, it is easy to increase them. Feeling their way, in this manner, those who are distant from any qualified Water-Cure physician, may still have the benefit of the treatment.

CASE 12—TYPHUS FEVER.

During the hot weather in July, a gentleman of 35 years, full habit, bilious lymphatic temperament, and a weakly constitution from childhood, was brought to our house, with the symptoms of a typhoid congestive fever. He had been taken with severe pains in the back, and rigors, and was now suffering with headache and general prostration. His pulse was 140, his tongue very foul; and he was a fair subject, under allopathic practice, for bleeding, calomel, purging, James' powders, and a daily visit for three weeks.

I gave him a long rubbing half bath in tepid water, keeping his head wet with ice-water. This lowered his pulse 20 a minute, relieved the cerebral congestion, and he felt better. I then placed him so that a current of air should blow directly upon his head, which was covered with a cloth wet in ice water; he also had ice water to drink, without stint.

He slept quietly for some hours. As the fever rose, I packed him in a wet sheet, still cooling his head, until he broke out in a perspiration; I then put him under the douche, and brought his pulse down to less than a hundred. He took ice water in considerable quantities, cold water injections twice a day, and slept nearly all the time. For two days he took no food. On the third he ate a piece of toast, say two ounces for breakfast, as much more for dinner, and as he now felt as well as usual, he went to his business.

I have called this a case of typhoid fever, because it undoubtedly would have been such, had the treatment been favorable to its continuance and development. But we have no fevers in Water-Cure like those described in the books. So far as my observation and experience goes, no fever lasts over six days under proper water treatment and it is often cured in a shorter period.

CASE 13—CONVULSIONS.

In 1849, the number of children who died of convulsions was 1426. Some hundred more died of dropsy of the brain, a common consequence of convulsions.

The cause of infantile convulsions appears to me very simple. In all the cases I have seen, there has been intestinal irritation. If this is relieved the convulsions cease. The following case will give an idea of the causes and treatment.

A child about a year and a half old was brought to our house, during the hot weather of the last of July, to be treated for a scrofulous humor which he had had from his birth. At this time the eruption had disappeared; and he had also some irritation from cutting his back teeth. He was fretful and continually hungry; and it was difficult to prevent his being fed too much. He should have been put upon the simplest food, and in the smallest quantity; but no one foresaw the consequences of indulging what proved to be a morbid appetite.

One night he came in with feverish symptoms, restlessness, and great heat of the head. I had a wet bandage put around him, a wet towel around his head, and laid him where the wind could blow over him. He went to sleep, and I left the house for a couple of hours. On my return, I found his mother much alarmed, as he had been taken with convulsions. His head was burning hot, especially the back part, as was all the upper part of the body. The degree of brain fever threatened effusion, and to prevent this was the first indication. I therefore had his legs and arms rubbed, while I applied ice water, as cold as possible to his head and chest, and persevered in this application until the heat was reduced to its natural standard. I also gave injections of water of 75 degrees, and brought away considerable quantities of undigested food; but the irritation still remained, and when I had in a great degree subdued the fever, he was taken with a convulsion so violent and protracted, that his life hung upon a thread. It was the effort of nature to throw off the mass of irritating matter in the intestines. The fever having been subdued, I now had towels wrung out of warm—not hot—water, applied to his abdomen, and he was wrapped in blankets. In a few minutes he threw off from his bowels a mass of undigested food, and soon after sunk into a quiet natural sleep.

His system was now relieved, and there was but one remaining

danger. If his brain was safe, all was safe. On waking, this proved to be the case, and, having slept nearly all day, he left at night, in about his usual health, with an appearance of eruption upon the surface.

In this case it seems very plain that the retrocession of a habitual eruption, aided, perhaps, by the irritation of teething, had suspended digestion. The irritation of undigested food, produced a morbid craving for more, which was unfortunately gratified, until nature made a series of convulsive efforts to expel the offending matter. Had not the fever been met by cold applications, there would have been effusion on the brain; had a cathartic been given it might have interfered with the process set up by nature, and the result would have been fatal.

Many children are born so weak, diseased and miserable, that the first serious irritation ends in fatal convulsions; but in a vast majority of cases, only one thing is wanting to prevent such mortality, and that is attention to food. An infant requires a certain quantity of nutriment when well. A single ounce more is a source of irritation. Strong children throw it off by vomiting; weaker ones suffer from belly-ache; still weaker ones die of convulsions. A young infant should not be nursed or fed oftener than once in three hours, and then not overfed. A sick child should have nothing but water, until it is better. Weakly children require less than strong ones.

Children die because they are born diseased; because they are fed too much and too often; because they have impure and improper food from sick nurses; in fact, almost all the diseases of infancy are those of nutrition. How simple a matter it seems to regulate the diet of a child; and yet for the want of such regulation, and from scarcely any other cause, our children in New York die off at the rate of twelve thousand a year. Must we not work hard to make the world a little wiser? It needs but the requisite instruction to make people, in a temporal sense, "wise unto salvation."

PATHOLOGICAL ANATOMY OF CHOLERA.—Microscopic examination has shown, as being constantly present in this disease, an abnormal state of the intestinal follicles, with or without enlargement, and a more or less vivid injection of Peyer's glands. At the hospital of Val de Grace, besides these morbid changes, there were found, in the young soldiers who have died of algide cholera, ecchymoses in the parenchyma of the liver, spleen, kidneys and lungs. These ecchymoses appeared not only on the surface, but also in the interior, and seemed to result from a combination of the blood with the tissue of the organs. In the large intestines, these ecchymoses have been found so extensive and deeply colored as to resemble gangrenous patches.—*L'Union Medicale*.

ELECTION BY CONCOURS.—The appointment of Professors to our Medical Colleges, when vacancies occur, should be conducted in a way that will give those who are eminently qualified, a chance of success. Election by concours has been advocated in our pages, and we are glad to know that other Medical Journals are urging the propriety of such a measure. Not long since, as we learn, the demonstrator of anatomy in the Rush Medical College, at Chicago, was elected on the concours principle. It is too often the case that men are selected for such offices, on other grounds than their qualifications. There can be no good reason why the candidate should not pass a proper examination before he enters upon his onerous and responsible duties. We believe the teachers of our public schools have to do as much. It is often the case in medical schools, that appointments by the trustees, give offence to the other teachers. Now were the way of *entree* different, this difficulty would not be so likely to occur. Our hospital appointments should also be conducted on the same principle. Although the hospital physician and surgeon gets no direct emolument for his daily services; yet it is allowed that the confidence the public have in him, when his services are needed, more than recompenses him for the time and labor spent in the hospital. Many paying patients, who always endeavor to get the best medical advice when they or their friends are sick, often base the qualifications of the practitioner on the position which he holds in society, or the confidence certain individuals or institutions repose in him. It is to be taken for granted then, that there is a benefit attached, although services are gratuitously rendered. Such being the case, let *all*, who are properly qualified, be allowed to be competitors when vacancies occur.—*Boston Med. and Surg. Jour.*

PRUSSIAN POTASH IN ASTHMA.—It is understood that much relief has been obtained from the use of prussiate of potash in the paroxysms of asthmatic breathing. The dose, during a paroxysm, is one teaspoonful of a saturated solution. The principle upon which its remedial properties are based, is that of its being an arterial sedative. It is a ferro-cyanuret of potash, and probably the hydrocyanic acid is the medicant after all.—*Boston Med. and Surg. Jour.*

STERILITY.—Dr. E. Williams lately published, in the *Lancet*, some account of a Japanese remedy for sterility, which he had used with success. In a subsequent number he states that the communication had brought him upwards of 900 letters requesting a supply! He says that he is unable to supply the demand, but hopes to make arrangements soon that will enable him to do so.

MEDICAL CLIQUES.—In a late number of the New York Medical Gazette, is a long article on alleged conspiracies among certain members of the profession in that city, and the monopoly by them of consultations and ordinary practice. If such abuses exist as are alluded to in the article, there is much reason for complaint, and we hope the editor of the Gazette will show up the members of such cliques and give their names, that all the *honest* of the profession may keep clear of them. "It is alleged," he says, "that there are all secret societies in the profession, the members of which stipulate to call *each other only* in consultation; and while they may become consulting physicians with others of the fraternity, when they can thus obtain fees, yet, when any gentleman *who is not of their clique*, is proposed in consultation with them, they are to object and evade, without committing themselves by positive refusal and express so decided a preference for one of the members of their secret society, as to secure the object. It is even said that in such case a list of the names of the select few, is handed to the friends of the patient, as enumerating the most eminent and skilful of the profession, *par excellence*, out of whom a choice may be made. Nor will they consent to allow any '*outsider*' to be called in consultation, even though he be as reputable as themselves, until the firmness of the interested parties presents them the alternative of losing the family by the transfer of the patient to the proscribed physician." 'There are other charges against this supposed clique, which are of such a degrading character that we forbear to mention them. For the honor and respectability of the profession, we hope all that is here complained of, is not true; if it is, the sooner an expose is made, the better it will be for those who endeavor to pursue an honest course in obtaining a livelihood by benefiting their fellow men.—*Boston Med. and Surg. Jour.*

MEDICAL STUDENTS.—We learn from reliable authority that 345 matriculants have entered their names on the register of the Medical Department of the University of New York; 190 upon that of the College of Physicians and Surgeons; and upwards of 50 have matriculated at the New York Medical College. As students from a distance are daily reaching the city, it is probable that each of the colleges will materially increase their classes for the course. It is certain that never before were so many students of medicine in our city.—*N. Y. Med. Gaz.*

THE CHOLERA IN BOHEMIA—The *Constitutionelle Zeitung*, of Bohemia, states that the cholera has broken out in Prague. The disease is making great ravages,—as many as one hundred and eleven cases occurred in one week, and the proportion of deaths was very large.—*London Lancet.*

BOWMAN'S MEDICAL CHEMISTRY.—"A Practical Hand-Book of Medical Chemistry, by John E. Bowman. Fellow of the Chemical Society, Demonstrator of Chemistry in King's College, London," &c., has just been published in Philadelphia, by Lea and Blanchard. It is just such a work as is needed by the profession. A portion is devoted to *specialities*, so that the analysis of the various morbid and healthy secretions of the body, upon which it treats, can be accomplished with accuracy and without difficulty. There are thirty-seven chapters, treating upon the urine, calculi and concretions, blood, milk, mucus, pus, bone, and the various mineral poisons, with the mode of examining them. It is a work of great value, and should be in the hands of every medical student, as well as practitioner.—*Boston Med. and Surg. Med.*

VETERINARY COLLEGE.—It is understood that an effort is now being made, in this city, for the establishment of a Veterinary College and Infirmary, upon a plan similar to those in European cities and large town. That part of medical science which relates to the treatment of diseased animals, has been too long neglected in this country, and we hope that sufficient interest will now be taken by medical gentlemen, to forward any plan that will advance it, thereby preventing the empiricism that is daily practised by a host of pretenders. The gentlemen who are making this effort, are, we believe, regular graduates of a European Veterinary College, and are eminently qualified to teach and practice the science.—*Boston Med. and Surg. Jour.*

"THE RACES OF MEN"—A fragment, by Robert Knox, M.D., Lecturer on Anatomy, &c., Philadelphia, has just been published by Lea & Blanchard. The doctor, in his preface, says that this "fragment" cost him much thought and anxiety, and we are not disposed in the least to doubt the assertion. There is much in it that will startle the disciples of Cuvier and other eminent physiologists; yet they cannot but admit that most of the doctrines are tenable. We have derived much information in the perusal of the work, and think, with the author, that "Race is everything; literature, science, art—in a word, civilization, depend on it."—*Boston Med. and Surg. Jour.*

MEDICINE IN SPAIN.—Regular practitioners are falling very low in this country: the papers teem with advertisements, where practitioners state that no fee is required but after cure. It has likewise been announced, that the situation of medical officer to the borough of Geta (Granada) is vacant at fifteen pence per diem!—*London Lancet.*

Part I.---Editorial.

MEDICAL NEWS.

The class of the Institute, this winter, amounts to about a hundred and forty-five, and as we have a fair prospect for considerable accessions to our spring class, the annual aggregate will as heretofore range above two hundred. This, considering our late misfortune, and the delays attendant upon our reorganization, &c., is a full realization of our expectations. Indeed our success has rather exceeded our expectations, as the class comprises a larger proportion than usual of new students.

PROF. I. G. JONES has fully realized our anticipations as an able and impressive teacher. It is expected that he will complete the important practical work on medicine begun by Prof. Morrow, and as soon as I have ascertained his probable action in this matter, it shall be made known through the Journal. The deep earnestness and the cautious, conscientious spirit which pervade his lectures are calculated to exert an influence equally beneficial in a moral and intellectual point of view upon the future graduates of the Institute. His Introductory Lecture, which will be given in the January No. of this Journal, will exhibit to its readers, his terse and pithy style of expression.

The attendance of a large portion of our class upon the clinical lectures at the Commercial Hospital is a new feature in this winter's course, of unusual interest. Not that the instruction there given is of much value, but the opportunity afforded of contrasting the doctrines, the practice and the lectures of the two schools is extremely valuable. If any doubt existed in the minds of students as to the great superiority of reform, that doubt has been dispelled by witnessing the miserably absurd treatment adopted in the Commercial Hospital. If any doubt existed whether the old school practice possessed all the odious characteristics and used all the absurd measures which have been attributed to it, that doubt is ef-

fectually removed by listening, at the Commercial Hospital, to the lectures of Dr. Mussey, the President of the National Medical Association, and of Dr. Bell, the chosen Professor of Theory and Practice in the Ohio Medical College—an author of text books, who ranks high among the authorities of the profession.

The students of the Institute enjoy the rare opportunity of witnessing the practice and the clinical commentaries of the most eminent men in the old school ranks, and afterwards hearing a clinical lecture upon the same cases from their own Professors, pointing out the blunders, fallacies and failures under the orthodox system, and contrasting its defects with the principles of a rational system of medicine. This course has been eminently successful in exhibiting the vast superiority of Eclecticism as well as the greater clearness, soundness and practical value of the clinical lectures of the Institute in comparison with those of the Ohio Medical College. Indeed the contrast is so glaring that even the students of the Ohio Medical College, are sometimes made to blush for their own Faculty and to feel conscious of their inferiority.

It is to be regretted that medical science should be in so low a condition in our American Colleges as the clinical lectures of the Commercial Hospital indicate, but we have this consolation at least, that the more glaring the absurdities and quackeries of medical orthodoxy, the more certain is the defeat and destruction of the system which maintains them.

This result will be somewhat accelerated by the discords among the leading authorities, who will be very apt to do each other justice in the way of wholesome criticism. The Medical College of Ohio will continue to be *the object* of contending parties, and the battle is now going on finely. Ex-Professor Wright has sent in a memorial to the Legislature, setting forth his grievances, and another bill has been introduced in the Legislature to re-organize the Medical College of Ohio.

UTERINE DISORDERS.

Dr. H. Halsted of Rochester, who professes to be an Eclectic, has sent the following circular for publication. There is probably but little occasion for coining new terms, yet his practical suggestions may be worthy of attention. If there had been less of mystery

in the mode of announcement, our prepossessions might have been more favorable. Dr. H. says, in a letter:

"The knowledge is valuable, and should be generally diffused, but cannot be readily communicated by letter. It is simple, sure and efficient. It is a discovery that medical men have been long anticipating, and when once understood will meet their universal approbation."

MOTORPATHY—THE SYSTEM OF CURING DISEASE BY STATUMINATING VITALIZING MOTION.—In compliance with the solicitations of many Physicians and Ladies who are anxious to avail themselves of my new method of treating *Prolapsus Uteri* Motorpathically, in which no Supporters are used, or any of the usual treatment employed; I purpose leaving our Institution in the care of others a short time, to visit Auburn, Syracuse, Utica, Albany, Troy, Springfield, Hartford, New Haven, and New London, one day each; and Boston, Providence, New York, Brooklyn, Philadelphia, Baltimore and Washington, two days each; Harrisburg, Pittsburg, Columbus, Cincinnati, Sandusky City, Cleveland and Buffalo, one day each, during the last of January and first of February next, for the purpose of treating several important cases on these new principles, the *modus operandi* of which will be open to the examination of the attending physician.

It is my desire to extend to the faculty every possible facility for testing the merits of this discovery; therefore physicians are particularly invited to call with the ladies under their charge.

Many cases of *Prolapsus Uteri* can be cured by one visit; others in a few days, and the most difficult in a few weeks. To produce this almost instantaneous relief, the patient is subjected to no pain or inconvenience. When the organ is made to assume its natural position, the patient is immediately able to go through any ordinary exercise which she has strength to perform, without fear of displacement.

For the removal of other Uterine Weaknesses, this system is equally efficient. The art of treating these diseases Motorpathically, is of recent origin; yet several hundreds have been cured without a failure. Many of the most inveterate and extraordinary cases of from one to fifteen years' standing, some of which were accompanied with extreme urinary difficulties, and many with that inability to stand upon the feet, or be raised from a horizontal position which is peculiar to these diseases; have been brought to this Institution on beds, a distance of from twenty to several hundred miles, attended by their physicians or friends; and these suffering and helpless women have been raised from their beds, and after a short treatment, been enabled to walk from one to six miles a day, and take much other exercise. Their address can be given to ladies wishing to communicate with them.

END OF THE VOLUME.

The present No. closes the 9th volume of this Journal, dating from the original commencement at Worthington, or the second volume of the enlarged Eclectic Journal. The review of the past shows a very large sum still due to this Journal from its subscribers, and evinces in the clearest manner the absolute necessity of adopting the cash system. No doubt the subscribers of the Journal wish to sustain it, and even its delinquent readers entertain a vague notion, that sometime or other, when it is perfectly convenient, they will pay up their arrearages, although they forget the fact that in the meantime its publisher must encounter a heavy expense, and even an actual loss of money for their benefit, with no definite certainty of ever being repaid—or rather with an absolute certainty of loss. For all these evils, the cash system is an infallible specific, and it must be adopted. All who wish the next volume of the Journal must pay up their arrearages and remit \$2 in advance for the 10th volume. As there will not be time for the remittances of a majority of the subscribers to reach Cincinnati before the issue of the January number, that number will be sent to all of the subscribers as heretofore, but it will be the last number sent to any subscriber who has not fulfilled his obligations and also paid in advance. I regret the necessity of this peremptory measure as there are many among the readers of this Journal whom I should be pleased to credit to an indefinite extent. But it is necessary to apply the rule, and it must bear upon all alike.

For three years past, I have maintained a pleasant (though not a profitable) relation to my readers as the editor of this Journal. I shall continue to edit it in the same spirit as heretofore, aiming to be liberal, practical and useful, to assist, not in promoting medical sectarianism, but in removing error, encouraging liberality, and increasing the therapeutic resources of enlightened physicians.

CINCINNATI AND LOUISVILLE.—The three schools of Louisville have about three hundred actual students according to rumor. The three schools of Cincinnati have about three hundred and sixty or seventy.

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